UTD DOCTORAL SCHOLARSHIPS FOR COLLIN FACULTY



Up to ten (10) scholarships are available each year within the UTD Doctoral Partnership Program for full-time Collin College staff and administrators and full-time Collin College faculty. Full-time faculty are given priority. Faculty members are sent annual reminder by the CoE chair regarding the availability of the UTD scholarships. Applicants should make themselves aware of limits on graduate hours in Texas state schools.

ELIGIBILITY AND APPOINTMENT PROCESS:

Collin College full-time faculty members with a minimum of one year regular full-time service are eligible to apply for the UTD Doctoral Scholarship for Collin Faculty. For example, a new faculty member hired in Fall 2014 is eligible to apply in November 2015 for the scholarship to be in effect for Fall 2016.

All applicants for UTD Scholarships are evaluated using the following criteria: length of service with Collin College, grade point average in most recent degree program, reason for wanting to obtain a doctoral degree, applicability of the proposed doctoral degree to current position, engagement at Collin, and service to Collin beyond the scope of the current position.

RESPONSIBILITIES:

To participate in the University of Texas at Dallas Doctoral Partnership program for Collin Faculty and Administrators, employees are required to sign an Employment Training Agreement. By signing this agreement, the employee agrees that if he/she voluntarily leaves full-time employment within the period of the agreement, the employee will fund a \$2,000 annual scholarship to the Collin County Community College District Foundation, Inc. The supervisor is responsible for ensuring the Employment Training Agreement is signed by the employee and submitted to the Human Resources Office within two weeks of the employee being approved for the scholarship.

Scholarship recipients must re-apply every year for the scholarship, noting progress made towards degree during the previous year. Progress is defined as generally completing three courses per academic year (September through August). A maximum of five years can be granted toward completion of the doctoral degree through this scholarship program. To be considered for the scholarship renewal, the faculty member must fill out the reapplication section of the application form and submit the form along with a copy of the most recent transcript to the appropriate Academic Dean. The deadline for reapplication paperwork for the following year (September – August) is March 15th. The remaining steps in the application process will be conducted, beginning with a review of COE. *(NOTE: Letters of recommendation are not required for the re-application process.)*

APPLICATION:

• The faculty member applies to UTD and meets all the admissions requirements and application deadlines

• If the application is not recommended at any step below, the application materials are returned to the appropriate Academic Dean, who will inform the faculty member

Action	Spring & Summer Scholarship Start Time Lines	Fall Scholarship Start Time Lines
Once admitted to UTD, the faculty member fills out the COE application for UTD Doctoral Scholarship for Collin College Faculty and submits the form to the appropriate Academic Dean for signature with a copy of transcripts of doctoral work completed to date, one letter of recommendation from someone other than the dean, and a brief essay including information about the doctoral program and the faculty member's academic accomplishments. <i>NOTE: The Student ID number from UTD must be</i> <i>on the application form. This number begins with</i> <i>the year (ex: 2015)</i>	September 1	February 1
The Dean submits the application materials along with a second letter of recommendation to the COE Chair for review and consideration by the COE.	October 1	March 1
The COE Chair forwards the COE recommendations to the appropriate Vice President/Provost for consideration. The VP/P sends recommendations on the approved form to the Executive Vice President for consideration.	October 15	March 15
The EVP sends recommendations on the approved form to the President for consideration.	November 1	April 1
The President gives approvals to EVP	November 15	April 15
The EVP sends a letter to UTD confirming the UTD Doctoral Partnership Scholarship recipients for the year. A copy is also sent to the scholarship recipient.	December 1	May 1



NOTE: Applicants MUST be full-time Collin faculty members and must already be admitted to UTD.

Please return this application form with a copy of transcripts, letters of recommendation, and a brief essay (which includes information about your doctoral program plans and academic accomplishments) to the appropriate Academic Dean by September 1 (for either a Spring or Summer program start) or by February 1 (for a Fall semester program start).

TODAY'S DATE:		
NAME OF APPLICANT:		
UTD STUDENT ID NUMBER:		
DISCIPLINE OF DOCTORAL PROGRAM:		
PRIMARY COLLIN DISCIPLINE:		
DEPARTMENT:	CAMPUS:	
DATE HIRED FULL-TIME AT COLLIN COLLEGE:		
Number of hours completed towards doctoral degree:		GPA:
Number of faculty members with a doctoral degree in your department at Collin:		
Number of FT faculty members without a doctoral degree in your department at Collin:		

FIVE YEAR PLAN:

DATES	SEMESTER	COURSES (number/title) TO BE TAKEN

COMPLETE THIS SECTION IF YOU HAVE PREVIOUSLY RECEIVED THIS SCHOLARSHIP AND ARE APPLYING FOR A SUBSEQUENT YEAR

Re-application:

Year 2	
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Year 3

Year 4

Year 5

Complete the chart to show courses taken. Attach current transcript and submit for Dean's approval.

Semester	Course Taken	Grade

If you have dropped a course, explain your reasons.

Signature of Applicant	Date
Signature of Dean	Date
Signature of COE Chair	Date
Signature of Vice President/Provost	Date
Signature of Executive Vice President	Date
Signature of President	Date



EMPLOYMENT TRAINING AGREEMENT UTD DOCTORAL PARTNERSHIP PROGRAM

This Agreement to Provide Employment Training (the "Agreement") is entered into by and between Collin County Community College District (the "District") and

_____, an employee of the District (the "Employee"). This Agreement is separate and distinct from any employment contract entered into by the Employee and the District. The Training is an additional benefit provided by the District that is not guaranteed by the employment contract.

In consideration of the District providing the Employee the opportunity to participate in the UTD Doctoral Partnership (employment training) program from ______20___ to _____20___ (the "Training"), the Employee agrees that in the event he/she leaves the employment of the District voluntarily within three hundred ninety-six (396) work days [eighteen (18) months] of the completion of any part of the Training ("Required Work Period"), the Employee agrees to fund a \$2,000 annual scholarship to the Collin County Community College District Foundation, Inc. as the "Repayment Amount."

The Employee agrees that the District may deduct the Repayment Amount from the Employee's last pay check. In the event that the amount of the Employee's last pay check is insufficient to satisfy the Repayment Amount, Employee agrees that the difference shall be paid to the District within 30 days of written notice that Employee's last pay check was insufficient to satisfy the Repayment Amount. The Employee further agrees that his/her failure to pay the Repayment Amount in the time specified in this Agreement provides to the District the right to pursue any and all remedies available to it under law.

The validity, nature, obligation and effect and the interpretation of this Agreement, or any of the terms and conditions hereof, and any and all questions arising hereunder or in connection herewith, shall be governed by the laws of the State of Texas.

This Agreement shall be performable in Collin County, Texas.

This Agreement constitutes the entire agreement of the parties regarding reimbursement for employment training. No other agreements, oral or written, pertaining to the performance under this Agreement exists between the parties. This Agreement can be modified only by an agreement in writing, signed by both parties.

SIGNED this ______ day of ______, 20____.

By:

Employee Signature

Name Printed: _______ Title: ______

Vice President, Organizational Effectiveness and Human Resources Signature

Name Printed: ______

Date: