



Please return this application form to the HR Employee Success and Talent Development Office ([professionaldevelopment@collin.edu](mailto:professionaldevelopment@collin.edu)) by **September 1 for Spring/Summer** and by **May 29 for Fall**.

TODAY'S DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

UTD STUDENT ID NUMBER: \_\_\_\_\_

DATE HIRED FULL-TIME AT COLLIN COLLEGE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DISCIPLINE OF DOCTORAL PROGRAM: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

**ELIGIBILITY – check all that apply**

Employed by Collin College in an administrator role

A minimum of one year of regular, full-time service

In good standing with no documented disciplinary action filed one year prior to scholarship application

Acceptance into a UTD doctoral program in administration, an academic field of study, or another job-related field

**ACADEMIC PLAN AND PROGRESS:**

List your academic plan for completing required doctoral coursework (to a maximum of five years):

[illegible]

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

**RE-APPLICATION:**

☐ Year 2

☐ Year 3

☐ Year 4

☐ **Year 5**

**Number of hours completed toward doctoral degree: \_\_\_\_\_**

**GPA:** \_\_\_\_\_

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

[illegible]

**If you have dropped a course, please provide an explanation.**

**SERVICE AND INVOLVEMENT:**

List your service to and involvement in the campus community that goes above and beyond the scope of your current position:

[illegible]

**BENEFITS AND APPLICABILITY OF DOCTORAL DEGREE:**

Please attach a brief narrative describing why you are pursuing a doctoral degree, the applicability of the doctoral program course content to your current position, and how a doctoral degree will benefit your administrative performance at Collin.

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**Signature of Applicant**

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**Date**

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**I support this application for a UTD Doctoral Scholarship.**

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**Signature of Leadership Team Member (direct supervisor)**

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**Date**

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**Signature of Selection Committee Representative and/or Leadership Team Representative**

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**Date**

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**Signature of Executive Vice President/Senior Vice President, Campus Operations**

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**Date**

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**Signature of District President**

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**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 one-time \$2,000 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: \_\_\_\_\_

\_\_\_\_\_  
**Chief Human Resources Officer Signature**

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_