



# Collin Employee Scholars Program

The Collin Employee Scholars Program provides reimbursement of up to \$7,500 per year for tuition and required fees for up to twenty (20) full-time Collin College employees to pursue job-related graduate degrees from regionally accredited state or other non-profit institutions of higher education. The purpose of this program is to expand the employees' knowledge, skills, and effectiveness in accomplishing their role at Collin College.

## Scholarship Eligibility:

- Employed by Collin College as a full-time employee
- A minimum of one year regular, full-time service with the college
- In good standing with no documented disciplinary action filed with human resources during the period of one year prior to scholarship application
- Acceptance into a graduate degree program in administration, an academic field of study, or other job-related field\*

*\*The applicant must describe how the selected degree field is related to their current position and how it will benefit his/her performance and contributions. This is a factor that will be considered by the Selection Committee.*

## Scholarship Selection Process:

All applicants for the Collin Employee Scholarship Program are evaluated by the Selection Committee (which is appointed by the District President from the Committee of the Whole), using the following criteria:

- length of service with Collin College,
- grade point average in most recent degree program,
- reason(s) for wanting to obtain a graduate degree,
- applicability of the graduate degree to his/her current position\*\*,
- engagement at Collin,
- service to Collin beyond the scope of current position, and
- organizational needs within the college.

*\*\*Note: If an employee is seeking a graduate degree in hopes of a prospective assignment at Collin, this should be noted and described in the application. Preference is given to employees seeking to improve effectiveness in the current position.*

## Employment Training Agreement:

To participate in the Collin Employee Scholarship Program, employees must sign an Employment Training Agreement and agree that if he/she voluntarily leaves full-time employment within the

period of the agreement, the employee will fund an annual scholarship to the Collin County Community College District Foundation, Inc. equal to 25% of the scholarship received to date.

### Continuation of the Scholarship:

Collin Employee Scholars Program scholarship recipients must re-apply every year for the scholarship, noting progress made towards their degree during the previous year. Progress is defined as successfully completing (with a B or higher) three (3) or more courses per academic year (September through August.) Scholarships may be renewed for two additional years toward completion of the graduate degree through this scholarship program. A request to continue may be considered if scholarships are available.

To be considered for scholarship renewal, the employee must complete the re-application form in accordance with the applicable timeline and submit the form for signatures to the appropriate Campus Provost/Cabinet Member and Executive Vice President. Approved applications are then forwarded, along with a copy of the most recent transcript that shows substantive progress toward completion of the degree, to the Director of Employee Success and Talent Development.

### Process:

Action	Spring & Summer Scholarship Start Time	Fall Scholarship Start Time Lines
Applicants apply to the University. Upon acceptance, complete the Collin Employee Scholars Program Application, and submit the form to the Director of Employee Success and Talent Development. <i>NOTE: The Student ID number from the university must be on the application form</i>	September 1	May 29
The Selection Committee reviews the applications and submits a recommendation to the District President.	October 1	June 15
Applicants approved for the scholarship will be notified by the Manager of Employee Success and Talent Development. Approved applicants must sign the Collin Employee Scholars Program Employment Training Agreement.	November 1	July 1
To obtain reimbursement of tuition and required fees, <b>Applicant is required to <u>Create a Spend Authorization in Workday</u></b> and attach a copy of the University invoice reflecting tuition and fees paid, proof of payment, and grade report or transcript reflecting the completed course with a “B” or higher.	Submit the request for reimbursement within 45 days of receiving the term grade report.	

# Application for Collin Employee Scholars Program



**NOTE: Applicants must meet eligibility criteria upon application.** Please fill in and sign this form electronically. Hand-written applications will not be accepted.

Please return this application form with a copy of your most recent transcript to the Director of Employee Success and Talent Development in the Human Resources Office by **September 1 for Spring/Summer Admission and by May 29 for Fall Admission.**

<b>Application Date:</b>		<b>Collin Full-time Hire Date:</b>	
<b>Name:</b>		<b>University Student ID:</b>	
<b>Collin Supervisor:</b>		<b>University:</b>	
<b>Collin CWID:</b>		<b>Graduate Program:</b>	
<b>Collin Job Title:</b>		<b>Anticipated Graduate Program Completion Date:</b>	
<b>Collin Office Campus:</b>			

## ELIGIBILITY – check all that apply

- ☐ Employed by Collin College as a full-time employee.
- ☐ A minimum of one (1) year of regular, full-time service with Collin College.
- ☐ In good standing with no documented disciplinary action filed one (1) year prior to scholarship application.
- ☐ Acceptance into a regionally accredited university graduate degree program in a field of study related to the applicant's Collin College job or prospective Collin College job\*.

*\*Note: If an employee is seeking a graduate degree in hopes of a prospective assignment at Collin, this should be noted and described in the application. Preference is given to employees seeking to improve effectiveness in the current position.*

## ACADEMIC PLAN AND PROGRESS:

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

DATES	SEMESTER	COURSES TO BE TAKEN (course number/title)

**COLLIN COLLEGE SERVICE AND INVOLVEMENT:**

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

Collin College Service and Involvement	Length of Time

**BENEFITS AND APPLICABILITY OF GRADUATE DEGREE:**

- ☐ Please attach a brief narrative describing why you are pursuing a graduate degree and how it will benefit your performance and contributions in your current role with Collin College.

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**Signature of Applicant**

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**Date****Immediate Supervisor, please complete the section below:**

Please describe below the employee's performance, his/her contributions to the department, commitment to the college, and potential for future contributions to the college if the advanced degree is completed.

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**I support [ ] or do not support [ ] this application for a Collin Employee Scholars Program Scholarship.**

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**Signature of Immediate Supervisor**

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**Date**

**Campus Provost/Cabinet Member:**

**I support ☐ or do not support ☐ this application for a Collin Employee Scholars Program Scholarship.**

\_\_\_\_\_  
**Signature of Campus Provost/Cabinet Member**

\_\_\_\_\_  
**Date**

**Reviewed by Selection Committee on** \_\_\_\_\_

☐ **Approved**

☐ **Not Approved**

\_\_\_\_\_  
**Signature of Selection Committee Chair**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of District President**

\_\_\_\_\_  
**Date**

# Renewal Application for the Collin Employee Scholars Program



Complete this form if you have previously participated in the Collin Scholars program. Please fill in this form electronically.  
Hand-written applications will not be accepted.

**RE-APPLICATION:** (select appropriate year)

☐

Year 2

☐

Year 3

<b>Re-Application Date:</b>		<b>Collin Full-time Hire Date:</b>	
<b>Name:</b>		<b>University Student ID:</b>	
<b>Collin Supervisor:</b>		<b>University:</b>	
<b>Collin CWID:</b>		<b>Graduate Program:</b>	
<b>Collin Job Title:</b>		<b>Anticipated Graduate Program Completion Date:</b>	
<b>Collin Office Campus:</b>			

Number of graduate hours completed with a “B” or higher this academic year: \_\_\_\_\_

Term GPA: \_\_\_\_\_ Overall Graduate GPA: \_\_\_\_\_

☐

Please attach your current transcript and training agreement and submit it with this form for approval.

**If you have dropped a course(s), explain your reasons.**

## COLLIN COLLEGE SERVICE AND INVOLVEMENT

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

Collin College Service and Involvement	Length of Time

## Renewal Approved:

\_\_\_\_\_  
Campus Provost/Cabinet Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Vice President/ Senior Vice President, Campus Operations

\_\_\_\_\_  
Date

# EMPLOYMENT TRAINING AGREEMENT

## Collin Employee Scholars Program



This Agreement to provide Employment Training (the “Agreement”) is entered into by and between Collin County Community College District (the “College”) and \_\_\_\_\_, an employee of the College (the “Employee”). This Agreement is separate and distinct from any employment contract entered into by the Employee and the College. The Training is an additional benefit provided by the College that is not guaranteed by the employment contract.

In consideration of the College providing the Employee the opportunity to participate in the Collin Employee Scholars Program (employment training) program from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_ (the “Training”), the employee agrees that if he/she voluntarily leaves full-time employment within the period of the agreement, which is three hundred ninety-six (396) work days [18 months] of the completion of any part of the Training (“Required Work Period”), the employee agrees to fund an annual scholarship to the Collin County Community College District Foundation, Inc. equal to 25% of the Collin Employee Scholarship Program scholarship funds received to date from the College.

The Employee agrees that the College may deduct the “Scholarship” from the Employee’s last paycheck. In the event that the amount of the Employee’s last paycheck is insufficient to fund the “Scholarship,” Employee agrees that the difference shall be paid to the College within 30 days of written notice that Employee’s last paycheck was insufficient to fund the “Scholarship.” The Employee further agrees that his/her failure to pay the “Scholarship” amount in the time specified in this Agreement provides the College 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 exist 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 Employee Success Officer Signature:** \_\_\_\_\_

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

# Request for Tuition and Fees Reimbursement Collin Employee Scholars Program



To obtain reimbursement of tuition and required fees, **Applicant is required to Create a Spend Authorization in Workday and attach all required paperwork for payment processing** within 45 days of receiving the term grade report. The reimbursement will be processed and direct deposited to the bank account on file in the college's Business Office.

☐ University invoice reflecting tuition and fees paid

☐ Proof of payment

☐ Grade report or transcript reflecting completed course(s) with a "B" or higher

Participant Name:	CWID:
Department Name:	Office Phone:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date