

# 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 and submit to  
[professionaldevelopment@collin.edu](mailto:professionaldevelopment@collin.edu). 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