

# 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 ten (10) full-time Collin College employees to pursue job-related graduate degrees from regionally accredited state institutions of higher education in Texas. 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 regionally accredited state institution of higher education 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 time line and submit the form for signatures to the appropriate Vice President 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 Human Resources/Professional Development.

## Process:

Action	Spring & Summer Scholarship Start Time Lines	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 Human Resources/Professional 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 Director of Human Resources/Professional 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, Applicants submit 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 to the Director of Human Resources/Professional Development.	Submit the request for reimbursement within 45 days of receiving the term grade report.	



**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:

<b>Collin College Service and Involvement</b>	<b>Length of Time</b>

**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.

\_\_\_\_\_  
**Signature of Applicant**

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

**I support this application for a Collin Employee Scholars Program Scholarship.**

\_\_\_\_\_  
**Signature of Vice President**

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

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

**Approved**  
 **Not Approved**

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

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

\_\_\_\_\_  
**Signature of Executive Vice President**

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

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

\_\_\_\_\_  
**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 pay check. In the event that the amount of the Employee’s last pay check 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 pay check 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 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:

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### Employee Signature

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

Title: \_\_\_\_\_

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### Vice President, Human Resources Signature

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

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