



# 2016-17 Staff/Faculty Grant Application

HUMAN RESOURCES

To be completed by staff / faculty member

518 W. Locust Street ■ Davenport, Iowa 52803  
563/333-6364 ■ fax 563/333-6326  
HumanResources@sau.edu

## Employee Information

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Apt. no. City State Zip

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Department where employed \_\_\_\_\_

Employment status    **Staff**    Full time    Part time    **Faculty**    Full time    Part time

## Student Information

Name \_\_\_\_\_ SAU student ID# \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Apt. no. City State Zip

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to employee \_\_\_\_\_ Birth date \_\_\_\_\_

*For a son or daughter to be eligible, they must be a legal dependent in accordance with FAFSA guidelines (birth date after Jan. 1, 1993.)*

Student plans to enroll     Full time (12 credits or more per semester)     Part time (indicate number of credits per semester below)  
\_\_\_\_\_ Fall 2016    \_\_\_\_\_ Spring 2017    \_\_\_\_\_ Summer 2017

*Notify the Financial Aid office if changes occur in the number of hours in which you are enrolled.*

Student will be enrolled in    Undergraduate courses (code 402)  
 ACCEL courses (code 402)  
 Graduate courses (code 433)    Master's program \_\_\_\_\_

Is the student seeking a bachelor's degree?    yes    no    If yes, the student is required to file a FAFSA form (please read below.)

## Certification

I understand that BEFORE the grant may be given, if the student is seeking a bachelor degree, the student must complete a Free Application for Federal Student Aid (FAFSA) or Renewal Application in accordance with state and federal guidelines. The FAFSA or renewal application must be completed and sent to the Central Processor before July 1, 2016.

**For Iowa residents only:** If the student is eligible for Iowa Tuition Grant but misses the FAFSA filing deadline of July 1, St. Ambrose University will apply the staff/faculty benefit in the amount of Iowa Tuition Grant for **1 semester only**. In subsequent semesters, staff/faculty benefit will be reduced by the ITG amount and it will be the student's responsibility to pay the difference.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Semester	Fall 2016	Spring 2017	Summer 2017
Account	_____	_____	_____
Credit hours enrolled	_____	_____	_____
Amount approved	_____	_____	_____
Employee verification	_____		Date _____ % of remission _____