St Ambrose University
HUMAN RESOURCES
518 W. Locust Street ▪ Davenport, Iowa 52803
563/333-6364 ▪ fax 563/333-6326
HumanResources@sau.edu

2018-19 Staff/Faculty Grant Application

To be completed by staff or faculty member

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, 1995).

Student plans to enroll ☐ Full time (12 credits or more per semester) ☐ Part time (indicate number of credits per semester below)
_____ Fall 2018 _____ Spring 2019 _____ Summer 2019

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, 2018.

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 2018	Spring 2019	Summer 2019
Account			
Credit hours enrolled			
Amount approved			

Employee verification _____ Date _____ % of remission _____