

EMPLOYEE SCHOLARSHIP PROGRAM - REQUEST AND AUTHORIZATION FORM

Name: _____ **Date:** _____

Department: _____ **Title:** _____

Please indicate the external training opportunity (course, seminar, workshop, licensure, certification, etc.), date, and approximate program cost that you are interested in pursuing through the Employee Scholarship Program:

Name of Program: _____

Date: _____ Approximate Cost: _____

Please indicate how the program listed above will either enhance your current skill level/effectiveness or broaden your knowledge/skills for future job assignments and promotional opportunities:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Request Approved *Request Partially Approved* *Request Denied*

(Comments):

HR Signature: _____ **Date:** _____

