



Dependent Educational Assistance Program Application

Applications must be submitted to the Human Resources Department on or before the appropriate semester deadline, which is the final day of semester registration. The dates are published in the [MSU Undergraduate Catalog](#).

Semester: Fall Spring Mini Summer I Summer II Year: _____

EMPLOYEE INFORMATION

Employee Name: _____

Title/Dept: _____

Mustang ID#: _____

DEPENDENT INFORMATION

Student Name: _____

Mustang ID#: _____

New student to the program Returning or former student to the program

Please make sure all requirements listed below are complete prior to applying. See [MSU Policy 3.347](#) for more detailed information

- Undergraduate Classification Under age of 25 and unmarried Texas Resident?
- Required GPA is 2.0 or above [FAFSA](#) has been submitted for the **CURRENT** Academic term?
- Enrollment hours - (6) hours for a regular semester or (3) for a summer term
- Dependent documentation, such as birth certificate, tax form, etc. has been submitted to Human Resources?

Have you met all the requirements for admission in good standing to the University? Yes No

I hereby certify I have read the eligibility requirements and believe I am eligible to apply for this scholarship. I have no outstanding debt with the University. If I am later determined ineligible, the scholarship will be removed from my student account, and I will be immediately liable for all additional charges. I authorize Midwestern State University to assign any unpaid amount of tuition and fees or financial aid funds to a collection or credit reporting agency or agencies for the purpose of collecting the amount at the option of the university. I promise to pay all attorney fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due. **I understand that in order to participate, I must submit a separate application form each semester by the final day of the relevant semester's registration.**

X _____
Student Signature Date

X _____
Employee Signature Date

HR USE ONLY

Accepted to MSU? _____ Dependent Age: _____ GPA: _____ Hours: _____ FAFSA: _____ Employee Verification _____

Dependent Documentation: _____

Approved: _____ Denied: _____ Verified by: _____ Date: _____