PSSO Education Assistance Fund Application

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Name of Applicant	Last		First		MI	WIN		
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Relationship to PSSO Member  Self Spouse Child Other (please explain)								
Address	Street				City		State	Zip
PSSO Member Name (leave blank if same as above)						Work Number		
Department (please do not al	obreviate)					PSSO Member since		
Requesting Assistance for: Fall Semester Year Spring Semester Year								
Member Participation in PSSO  Committees (be specific, include year) (May use back of form)								
Member Participation in PSSO								
	e specific, include ye							
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Recipients of the PSSO Education Assistance Fund will receive the award based on availability of funds. The maximum of								
the award is \$100 per semester. Recipients may receive this award for two consecutive semesters per classification status								
(freshman 0-25 credit hours, sophomore 26-55 credit hours, junior 56-87 credit hours, senior 88+ credit hours).								
An application must be submitted for each semester or session a PSSO member/dependent wishes to be considered for an award.								
Applicants for the award MUST be:								
A current PSSO member or their dependent								
<ul> <li>Enroll in a minimum of three (3) credit hours during the semester in which the award is paid</li> </ul>								
<ul> <li>In Good Academic Standing with the university</li> </ul>								
<ul> <li>Willing to have their name and photo used for publicity in reference to the award</li> </ul>								
<ul> <li>Expected to participate in the organization (if recipient is a dependent, the member is expected to participate)</li> </ul>								
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PSSO Membe	r Signature				Date			
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-		-				n the drawing at t	he Februa	ry General
Meeting. Please see the PSSO Education Assistance Fund procedures for additional details.								
Please keep a copy of the completed form for your records.								