

# UTA Employee Dependent Scholarship (UTA-EDS) Certification Form

## Instructions

▶ *Employees must initiate and complete this form each semester to certify eligibility for the UTA-EDS.*

1. Review the [Employee Dependent Scholarship Policy](#) and the [Employee Dependent Scholarship Procedure](#).
2. Complete the Certification section of this form, and sign and date.
3. Upload this form with the Employee Dependent Scholarship Application to [Mav ScholarShop](#).

## Support

- Contact Benefits Services at [benefits@uta.edu](mailto:benefits@uta.edu) with questions regarding the form, participation, and eligibility.
- Contact Financial Aid and Scholarships at [schol@uta.edu](mailto:schol@uta.edu) with questions about completed and submitted forms.
- Contact Student Accounts at [studentfinancials@uta.edu](mailto:studentfinancials@uta.edu) with questions regarding your student account.

## Certification

▶ *Employees must complete all fields. Incomplete forms will not be considered for the UTA-EDS.*

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Email \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_ 10-digit Employee ID \_\_\_\_\_

Student Name \_\_\_\_\_ 10-digit Student ID \_\_\_\_\_

▶ *Employees must initial each statement and sign and date to certify eligibility for the UTA-EDS.*

\_\_\_\_\_ I completed 1 year of continuous regular full-time employment (40 work hours per week/1.0 FTE) with UTA prior to: August 1 for Fall semester; January 1 for Spring semester; and May 1 for Summer semester.

\_\_\_\_\_ I am currently employed in a regular full-time (non-temporary) appointment as of the first day of class of the academic term for which my dependent is applying for the UTA-EDS.

\_\_\_\_\_ My dependent applying for the UTA-EDS is an eligible dependent (spouse or child under the age of 26 who fits one of these criteria: biological child, adopted child, stepchild, child of managing conservator, foster child, or legal ward).

\_\_\_\_\_ I uploaded [supporting documentation](#) as proof of dependent status to [MyUTBenefits](#).

\_\_\_\_\_ To the best of my knowledge, the information I provided is true and accurate.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_