

## APPLICATION FOR STAFF EDUCATIONAL FUND AWARD

Name \_\_\_\_\_ Department \_\_\_\_\_  
UVU Applicant Applicant's UVU Department

### SECTION I *(To be completed by the applicant)*

Degree or certificate to be achieved \_\_\_\_\_

Reasons and need for applying \_\_\_\_\_

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### SECTION II *(To be completed by supervisor and signed by both applicant and supervisor)*

Recommendation \_\_\_\_\_

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Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant Applicant's Supervisor

### SECTION III *(For administrative approvals)* \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### SECTION IV *(To be signed by applicant after approval)*

I hereby agree to provide my supervisor and the director of the Staff Education Fund with proof of satisfactory performance and progress as outlined by the policy of this fund. I further agree that I will reimburse the fund if all the criteria, as outlined in the policy, are not met.

Signed \_\_\_\_\_ Date \_\_\_\_\_