



YEAR 20\_\_\_\_ to 20\_\_\_\_

## EMPLOYEE GRANT-IN-AID EDUCATIONAL LEAVE AWARD PROGRAM

### APPLICATION FORM

**PLEASE PRINT OR TYPE**

1. Full Name: \_\_\_\_\_
2. Employee UIN: \_\_\_\_\_ 3. Date Employment Began at FGCU: \_\_\_\_\_
4. Current Job Title \_\_\_\_\_ 5. Department \_\_\_\_\_
6. Home Mailing Address: \_\_\_\_\_
7. E-Mail: \_\_\_\_\_ 8. Campus Phone: \_\_\_\_\_
9. Semester(s) and year for which Grant-In-Aid Educational Leave is Sought:  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ OR Part-Time Entire Academic Year 20\_\_\_\_ to 20\_\_\_\_
10. Name(s) of State of Florida or other accredited university/college to which you have been accepted for enrollment: \_\_\_\_\_
11. Educational Objective: Associate's \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctoral \_\_\_\_\_  
Other \_\_\_\_\_ (Please explain): \_\_\_\_\_
12. Field of Study/Certification Sought: \_\_\_\_\_
13. Total number of semester hour credits remaining to complete degree, including internship or to complete certification: \_\_\_\_\_
14. Anticipated completion date of the degree or certification: \_\_\_\_\_
15. Your completed application must be accompanied by a resume, three professional letters of reference, and an official transcript from the last higher educational institution attended.  
*[Applicants should request an official transcript from the institution immediately.]* Official transcripts from prior institutions attended may be required at the request of the committee. Additionally, applicants must have an overall performance evaluation rating of *Meets Expectations*.
16. On a separate attachment, describe why you should be granted educational leave under the Grant-In-Aid Program. Include your short- and long-term educational goal(s), the benefits FGCU will derive from your participation in the program, and how it will assist you in your current role and enhance your opportunity for future advancement.

## DECLARATION

I certify that the above information is accurate. I understand that failure to provide, or intent to falsify, information on this form will invalidate my application. I understand that if I am awarded an educational leave under this program, I am expected to continue employment with Florida Gulf Coast University for a period of time equal to twice the full-time equivalency of my leave excluding the summer semester for nine month employees. Further, I agree to execute a Promissory Note agreeing to repay the amount of my gross salary and, if applicable, any stipends paid to or earned by me during my educational leave (“compensation”), together with a 6% processing fee received if I resign from employment with Florida Gulf Coast University before my extended work obligation expires.

If selected for participation in the program, I also agree to participate in any follow-up assessments which may be conducted with respect to program accountability, as well as adhere to any other obligations, as necessary, to facilitate its administration.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: The signature of the supervisor indicates that he/she is aware of the employee’s application for the grant and connotes neither endorsement nor non-endorsement of the application. Also, it is the supervisor’s responsibility to inform the person that is directly responsible for managing and staffing the department/unit (Dean, Director or Department Head) of this application.***

**SUBMIT TO: Grant-in-Aid Program, Office of Institutional Equity and Compliance,  
Academic Building Five, Suite 213 by Friday, April 3, 2009 at 5:00 p.m.**