STUDENT NAME ___________________________ NU ID ____________________

Employee or Dependent Scholarship Program Statement
2016-2017

Will you receive employee or dependent scholarship program tuition benefits during the 2016-2017 academic year?

☐ YES, please check appropriate benefit

☐ Dependent/Spouse Benefits  ☐ Employee Benefits

• Please indicate the number of hours to be allocated for the 2016-2017 academic year. _____________________

• If a dependent child, please indicate the number of parents allocating benefits.

☐ 1 parent  ☐ 2 parents

• Please indicate the campus at which you, your parents, or your spouse work.

☐ UNL  ☐ UNO  ☐ UNK  ☐ UNMC  ☐ Central

☐ NO

Return this completed form and all requested items on your “To Do List” on MyRED (myred.unl.edu) to the address below. You may also fax the documents or send as attachments to an email. After you submit documents, please allow 3 business days before checking the “To Do List” on myred.unl.edu for updates.

Signing below certifies that all of the information reported is complete and correct.

STUDENT SIGNATURE _________________________________________ DATE ____________________
( Electronic signatures are not accepted.)

Office of Scholarships & Financial Aid
17 Canfield Administration Building
P.O. Box 880411
Lincoln NE 68588-0411

Phone: (402) 472-2030 or 1-800-742-8800, ext. 2030
Fax: (402) 472-9826
Email: financialaid@unl.edu