**BARTON COMMUNITY COLLEGE**

**COURSE WORK GRANT APPLICATION**

**Employee’s Section: Please Print** Employee ID#­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Date:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Classification (Check One): [ ]  Full-time/part-time staff [ ]  Full-time Faculty [ ]  Adjunct Faculty

If Full-time/Part-time Staff and/or Full-time Faculty, have you completed one full year of employment or one annual contract: [ ]  Yes [ ]  No

If Adjunct Faculty, have you successfully completed two teaching assignments following the completion of previously funded course work under this grant: [ ]  Yes [ ]  No

**Semester/Year**: (Please check the semester for which you are applying and write in the corresponding calendar year); check only ONE

 [ ]  **SUMMER 20\_\_\_** [ ]  **FALL 20\_\_\_** [ ]  **SPRING 20\_\_\_**

This application is for the following courses: (**you can have up to 6 credit hours or less**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Subject Code*** | ***Course Number*** | ***Course Title*** | ***Credit Hours*** | ***Institution*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Degree for which applying**:

 [ ]  **Baccalaureate** [ ]  **Masters** [ ]  **Doctoral** [ ]  **Graduate Hours** [ ]  **Other**

How will this course(s) be of benefit to you **and** Barton Community College: (Attach extra page as needed)

As stipulated in the College’s Course Work Grant Procedure, I understand that any reimbursement made for the Course Work Grant, awarded this semester, must be repaid, if I terminate my employment with Barton County Community College, prior to the completion of one year of full-time or regular part-time employment or the completion of one annual contract after the completion of this course work; If an adjunct faculty member, I must successfully complete two teaching assignments following reimbursement for this semester course work grant. By my signature below, I am in agreement that should I break the aforementioned arrangement, I will personally reimburse the College for any amount forfeited under the Course Work Grant program. If the above coursework credit hours change, my repayment to the College will apply only to those hours actually completed and for which the grade evidence from the appropriate educational institution is received and submitted to Barton County Community College for reimbursement.

Signature of Applicant: Date:

**(OVER)**

## Supervisor’s Section:

Please refer to the Course Work Grant – **Policy** and Course Work Grant – **Procedure** for Selection and Eligibility Criteria information; also, the Application Process and Application Deadlines under Course Work Grant – **Procedure**. Complete the Justification based upon the information from the Policy and Procedure.

**Supervisor’s Justification:**

**First Priority** – **Attainment of appropriate and/or necessary credentials to ensure continuing regional/national accreditation standards**.

I consider this application to be a **First Priority application** based upon Selection and Eligibility Criteria because:

**Second Priority** - **Relationship of the courses requested to the employee’s current position or career goals and the potential that course has to improving the staff member’s ability to further institution’s missions and ends.**

I consider this application to be a **Second Priority application** based upon Selection and Eligibility Criteria because:

**Third Priority** – **Employees desiring additional course work for personal growth and development.**

I consider this application to be a **Third Priority application** based upon Selection and Eligibility Criteria because:

**Approval Date**:

**Disapproval Date**: **Disapproval Reason**:

**Supervisor Name: Supervisor’s Signature:**

**(Please print)**

If the application is disapproved, the supervisor is to communicate this information to the employee in writing and send a copy to the Office of Human Resources.

**Please return approved application forms to the Office of Human Resources by the appropriate deadline for final consideration and approval for a Course Work Grant; send rejected application forms for retention purposes.**

OHR 8/09/19