



Arizona Public Employee Scholarship Eligibility Confirmation Form

STUDENT INFORMATION

Employee Legal Last Name	Employee Legal First Name	Middle Initial	10-Digit ASU ID
Local Street Address	City	State	Zip Code
			Daytime Phone Number

INSTRUCTIONS

- Note: This scholarship is not applicable to Arizona State University, University of Arizona, or Northern Arizona University staff. Arizona State University Staff should see the Qualified Tuition Reduction process here: <https://students.asu.edu/tuition-reduction>.
- Complete this form after you apply for admission to Arizona State University. Complete a new form every semester to remain eligible.
- Complete all sections. For assistance, contact Corporate Enrollment Partnership Services at 480-965-3200 or email us at azgovtscholarships@asu.edu.
- Certification must occur through the ADOA; email the form to humanresources@azdoa.gov**
- Forms should be submitted through our online portal: <https://students.asu.edu/forms/arizona-public-employee-scholarship>

SECTION A: EMPLOYEE INFORMATION

All state government employees, excluding state university staff, should complete this section. The employee will also need to have sign off from ADOA by emailing humanresources@azdoa.gov.

State of Arizona Department and Job Title	Date of Birth	Employee ID

SECTION B: EMPLOYEE CERTIFICATION

Employer Release: I authorize Arizona State University and my employer to release and/or exchange information about me on a regular basis as needed to administer any tuition benefit, scholarship, grant, or any other education assistance program in which I participate. This includes payment of any eligible amount of the scholarship, grant, or tuition benefit for each semester enrolled, if applicable. Information covered by this authorization to exchange information includes my name, employee ID, ASU ID, benefits eligibility, employment status and history, educational progress, coursework completion and/or grades to determine ongoing eligibility, academic standing, and tuition billing.

Certification Statement: By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Employee Signature	Date

SECTION C: ARIZONA DEPARTMENT OF ADMINISTRATION APPROVAL

Certification Statement: I affirm the registrant named above meets the definitions and qualifications for use of the Arizona Public Employees Scholarship Program as they are full-time or part-time employee of the state of Arizona. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

ADOA Official Printed Name	Title
ADOA Official Phone Number	ADOA Official Email

ADOA Official Signature	Date