**William Carey University**

**Teaching Assistant Scholarship**

**Employment Verification**

Please complete the form, obtain the appropriate signatures in the order of appearance at the bottom and leave the completed form with the School of Education Office. Incomplete forms will be returned for completion including number of hours enrolled.

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WCU ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My initials below certify that**

\_\_\_ I am fully admitted to William Carey University.

\_\_\_ I am lawfully employed as a Teaching Assistant in an accredited Mississippi public school system.

\_\_\_ I am enrolled in one or more of the courses required for admission to the Teacher Education Program (EDU 3000/3001 and EDU 3720).

**OR**

\_\_\_ I am fully admitted to the School of Education Teacher Education Program.

\_\_\_ I am applying for tuition waiver for the \_\_\_\_\_\_\_\_\_\_\_ academic school year.

\_\_\_ I am applying for this benefit in accordance with the Teaching Assistant Tuition Waiver Policy of the School of Education of William Carey University.

\_\_\_ I understand that books and fees are not covered under the waiver.

\_\_\_ I understand that there may be implications as outlined in the policy on additional financial aid received.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WCU Student Signature Date of Hire as Teaching Assistant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal or Other Public School Date**

**Official’s Signature**

**For School of Education Office Use ONLY:**

**Eligible for Tuition Waiver at: 50% \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean, School of Education Date**

**Total Number of Hours Enrolled: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Aid Office Date**