



# Arizona Public Employee Scholarship

## City of Scottsdale Letter of Eligibility

### 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

1. Complete this form after you apply for admission to Arizona State University as we need your 10-digit ASU ID. Complete a new form every semester to remain eligible.
2. For assistance, contact Corporate Enrollment Partnership Services at 480-965-3200 or email us at [azgovtscholarships@asu.edu](mailto:azgovtscholarships@asu.edu).
3. Complete all sections.
4. Forms should be submitted through our online portal: <https://students.asu.edu/forms/arizona-public-employee-scholarship>

### SECTION A: EMPLOYEE INFORMATION

The eligible employee should complete this section.

Department and Job Title	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: CITY OF SCOTTSDALE HR APPROVAL

**Certification Statement:** I affirm the registrant named above meets the definitions and qualifications for use of the Arizona Public Employees Scholarship Program as an employee of the City of Scottsdale. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

City of Scottsdale HR Official Printed Name	Title
City of Scottsdale HR Official Phone Number	City of Scottsdale HR Official Email

City of Scottsdale HR Official Signature	Date