



# EdAssist Corporate Scholarship Dependent Declaration Form

Calendar Year and Semester
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## STUDENT/DEPENDENT INFORMATION

Last Name	First Name	Middle Initial	10-Digit ASU ID (if applicable)
Local Street Address	City	State	Zip Code
			Daytime Phone Number

## INSTRUCTIONS

1. If you need assistance with completing this form, please contact Corporate Enrollment Partnership Services office at 480-965-3200 or email us at [corporatepartnersscholarship@asu.edu](mailto:corporatepartnersscholarship@asu.edu).
2. Complete all sections. Any blank or illegible items may result in a delay processing the EdAssist Corporate Scholarship for your dependent.
3. **You must attach a copy of the employee's Employment Verification Letter. FASS Corporate Enrollment Partnership Services will not process this form without this verification letter.**
4. If clarification of your situation is necessary, additional information or documentation may be required.
5. Submit this form via the ASU Corporate Partners Dependent Declaration Forms website here: <https://students.asu.edu/forms/corporate-partners-dependent-declaration-forms>

**IMPORTANT SUBMISSION DEADLINE INFORMATION:** FASS will process this form throughout the term. FASS requires a new form and accompanying Employment Verification Letter each term to verify the employee's benefit status. **Please note:** FASS will not apply retroactive scholarships after the last day of any semester in any given term (fall, spring or summer).

## SECTION A: EMPLOYEE INFORMATION

Complete all fields carefully. This information is essential to award your ASU EdAssist Corporate Scholarship.

Employee Name	Employee ID Number	Relationship to Dependent

## SECTION B: EMPLOYEE AND SPOUSE/DEPENDENT CERTIFICATION

Please review the information in Section A carefully and ensure it is accurate. This form requires a wet signature. FASS will return digitally signed forms.

**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.

EdAssist Employee Signature	Date

EdAssist Spouse/Dependent Signature	Date