



**IMCOM Europe CYS Scholarship Application**



*Due to Region CYS Office Ruth Ploeger and Alexa Simmons not later than 11 Dec 2018*

<b>CDEC 1174 Technology in the Classroom</b>		Term Dates:	04-17 Feb 2019
Name:		Installation:	
PCS Date: Date or N/A		DOH:	
Facility:		Program Director:	
Position:		Position Grade:	
Email:			
<b>Employee's Standard NAFI Number:</b>			
<p>I have read, understand, and agree to the terms outlined in the IMCOM Europe Child &amp; Youth Services (CYS) Employee Scholarships for Undergraduate College Courses SOP.</p> <p>SOP available on MWR scholarship website. <a href="http://Europe.armymwr.com/scholarshipcyss">Europe.armymwr.com/scholarshipcyss</a></p> <p>I understand if I terminate course enrollment on or after class start date or receive a grade lower than a "C" that I am indebted to CYS for the cost of the scholarship and I am responsible to repay CYS all scholarship costs. Cost may be prorated depending upon drop date.</p>			
<b>Employee Signature</b>		Date	
I certify this employee is current on CYS training.			
<b>Training Specialist Signature</b>		Date	
I certify this employee has demonstrated satisfactory performance and is not under disciplinary action at this time.			
<b>Program Director Signature</b>		Date	
<p>Garrison CYS Coordinator:</p> <p><b>If candidate is not direct care staff, please include a justification why they should be considered for the Scholarship Program.</b></p>			
I approve of this candidate participating in the CYS Employee Scholarship Program			
<b>Garrison CYS Coordinator Signature</b>		Date	
I approve of this candidate participating in the CYS Employee Scholarship Program.			
<b>IMCOM Europe CYS Approving Official Signature</b>		Date	