



IMCOM Europe CYS Scholarship Application

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



CDEC 1174 Technology in the Classroom		Term Dates:	04-17 Feb 2019
Name:		Installation:	
PCS Date: Date or N/A		DOH:	
Facility:		Program Director:	
Position:		Position Grade:	
Email:			

Employee's Standard NAFI Number: _____

I have read, understand, and agree to the terms outlined in the IMCOM Europe Child & Youth Services (CYS) Employee Scholarships for Undergraduate College Courses SOP.
 SOP available on MWR scholarship website. Europe.armymwr.com/scholarshipcyss
 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.

Employee Signature _____ **Date** _____

I certify this employee is current on CYS training.

Training Specialist Signature _____ **Date** _____

I certify this employee has demonstrated satisfactory performance and is not under disciplinary action at this time.

Program Director Signature _____ **Date** _____

Garrison CYS Coordinator:
If candidate is not direct care staff, please include a justification why they should be considered for the Scholarship Program.

I approve of this candidate participating in the CYS Employee Scholarship Program

Garrison CYS Coordinator Signature _____ **Date** _____

I approve of this candidate participating in the CYS Employee Scholarship Program.

IMCOM Europe CYS Approving Official Signature _____ **Date** _____