Kilgore College
Employee Dependent Child Scholarship
Eligibility Review Request

Employee Name: _____

Student Name: _____

Eligibility Criteria to be reviewed:

☐ Dependency

☐ Extension of maximum credit hour limitation

☐ Extension of maximum degree or certificate limitation

☐ Other: (Specify: _____)

Please explain why you feel that an exception should be made to the above marked criteria:

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Please attach additional pages, if necessary, and any documentation that you deem appropriate.

_____ _____
Employee Signature Date