



S \_\_\_\_\_  
 Student's CCA ID Number

**CCA Instructional Grant**  
**Entire form must be completed in black ink.**

Employee's Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Terms and Conditions of Grant**

1. Part-time instructors, including concurrent enrollment instructors, (hereinafter referred to as "employee") employed at the Community College of Aurora are eligible to enroll without tuition in any **regularly scheduled course at CCA** for credit.
2. This benefit is limited to enrollment of **six (6) credit hours** per financial aid year (fall, spring, and summer) and is only exercised **during semesters in which the employee is teaching**. The employee is responsible for all fees and charges related to any of the courses. In addition, any charge above the amount of the base resident tuition rate, such as differential rates or the additional incremental increased costs for online courses, will be the financial responsibility of the employee. It is the employee's responsibility to notify the Financial Aid Office of any course cancellation that results in the employee not teaching during the semester.
3. **The employee must apply for the College Opportunity Fund (COF) Stipend** in order to get the reduced tuition rate. If the employee is not eligible for COF or does not apply for COF, the employee is responsible for the difference in tuition between resident CCA course tuition and the final tuition amount. Please note that some courses are not eligible for COF.
4. Employee should register for requested course(s) prior to completing this application. **A new application, including supervisor signature, must be submitted to the Human Resources Department by the end of the registered semester as listed below.**
5. A new grant request must be submitted with every course revision. Every revised request must include supervisor approval and signature
6. This grant cannot be used in conjunction with other CCA Institutional Grants.

This grant *will not* be retroactively applied to previous semesters

PREFIX	COURSE NUMBER	SECTION NUMBER	TITLE	CREDIT HOURS	SEMESTER & YEAR
ENG	121	309	(Example) English Composition I (Example)	3	Fall 2019

I hereby certify that I have read the above terms and conditions of this grant and accept the award indicated on this form. I have not and will not take additional courses at another Community Colleges of Colorado institution while utilizing these funds. If I do not receive the grant I understand that I am responsible for all charges.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that this employee meets the Terms and Conditions of this award and has my approval to enroll in the course(s) listed above.

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO THE CCA HUMAN RESOURCES OFFICE AND  
A COPY TAKEN TO THE CASHIER'S OFFICE**

**Human Resources Verification:**

- I verify that this individual meets the requirements of this grant and is eligible to receive funding based on the set criteria above
- I verify that this individual does not meet the requirements of this grant and is not eligible to receive funding based on the set criteria above

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Financial Aid Office Use Only:**

**Approved: Yes / No**      **If "No," Reason:** \_\_\_\_\_

**Credit Hours:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_