



**WKU KCTCS Employee Transfer Scholarship  
Employment Verification Form**



Please complete the first two sections and email the completed form to [scholarships@wku.edu](mailto:scholarships@wku.edu).

**To Be Completed By Employee**

Employee Name: \_\_\_\_\_

WKU Student ID: \_\_\_\_\_

Semester (Term, Year): \_\_\_\_\_

Expected Enrollment (Credit Hours): \_\_\_\_\_

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

*I hereby certify that the information submitted on this form is accurate and to be used for awarding purposes at Western Kentucky University.*

**To Be Completed By KCTCS Human Resource Department**

Employee ID: \_\_\_\_\_

Full/Part Time: \_\_\_\_\_

Payroll Status: \_\_\_\_\_

College Where Employed: \_\_\_\_\_

Human Resource Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that the information submitted on this form is accurate and to be used for awarding purposes at Western Kentucky University.*

**To Be Completed By WKU Financial Aid Department**

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

Current Cumulative GPA: \_\_\_\_\_

Total Tuition & Fees: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_