



SUPERVISOR APPROVAL

FY25 UNDERGRADUATE SCHOLARSHIP

EMPLOYEE DEMOGRAPHICS

Employee Name:		Employee ID:	
Employee Email:			
Employee Job Title:		Date:	
Employee Department:			

SUPERVISOR DEMOGRAPHICS

Employee Name:		Employee ID:	
Supervisor Email:		Supervisor Phone #:	
Employee Job Title:		Date:	
Employee Department:			

SUPERVISORS, PLEASE READ AND ACKNOWLEDGE

The employee applying for an undergraduate scholarship through Organizational Development is named above.

By signing this form, you are confirming the following:

- The employee is in good standing, with no Letters of Counseling (LOC), Letters of Reprimand (LOR), or other disciplinary actions within the last six (6) months.
- The employee is not currently on a Performance Improvement Plan (PIP).
- As of today's date, the employee is meeting expectations for their work performance.

Your signature below also indicates your recommendation of this employee for this scholarship.

Supervisor Signature: _____



361-826-3300

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