



Oregon

Kate Brown, Governor

Office of Student Access and Completion

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ANNUAL CERTIFICATION REQUEST OSAC Employer-Sponsored Scholarship Program Calendar Year 2020

Employer Information

Name of Business: _____

Name of Business Owner: _____

Name of Scholarship: _____

Scholarship for Employee: Yes / No

Scholarship for Employee Dependents: Yes / No

Employer ID No: _____

Daytime Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Information for 2020 Awards

Total Number of Employees: _____

Total Number of Eligible Employees: _____

Estimated Total Number of Dependents Who Could Apply: _____

(This figure should include dependents that do not apply.)

Maximum Annual Award Amount: _____

Number of Awards: _____

OSAC uses the following **percentage tests** to ensure that OSAC's Employer-sponsored Scholarship Program is in compliance with IRS rules and regulations:

- **Number of Awards may be at least one (1) or cannot exceed 10% of the number of employees** who were eligible to apply for the scholarship.
- **Number of Awards may not exceed 25% of the number of employees' dependents** who were applicants for the scholarship and were considered by the selection committee *(this figure is determined by the number of applicants on the Verification List sent in March. Refer to fact sheet 3, 7 & 8.); or*
- **Number of Awards may not exceed 10% of the number of employees' dependents** who could have applied for this scholarship *(this figure should include dependents that do not apply).*

Employer Verification

I hereby verify that to the best of my knowledge all information supplied in this application is accurate and consistent with the OSAC Employer-sponsored Scholarship Programs Fact Sheet. I also verify that the criteria used to determine the eligibility of an employee or employee's dependent for a scholarship will be consistent with the official scholarship agreement between the employer and OSAC.

Signature

Title

Date

Print Name