



# Oregon

Kate Brown, Governor

Office of Student Access and Completion

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## ANNUAL CERTIFICATION REQUEST OSAC Employer-Sponsored Scholarship Program Calendar Year 2018

### 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 xxxx 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