



# Oregon

John A. Kitzhaber, MD, Governor

**Oregon Student Assistance Commission**

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[www.osac.state.or.us](http://www.osac.state.or.us)

**ANNUAL CERTIFICATION REQUEST  
Oregon Student Assistance Commission (OSAC)  
Employer-Sponsored Scholarship Program  
Calendar Year 20\_\_**

**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 20\_\_ Awards**

Total Number of Employees: \_\_\_\_\_

Estimated Total Number of Dependents Who Could Apply: \_\_\_\_\_

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

Maximum Annual Award Amount \_\_\_\_\_

OSAC uses the following IRS **percentage test** to ensure that OSAC Employer-Sponsored scholarship programs are in compliance with IRS rules and regulations:

- **Number of Awards may not exceed 10% of the number of employees** who were eligible applicants for the scholarship and were considered by the selection committee.
- **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