



EMPLOYEE GRANT APPLICATION

STUDENT INFORMATION (to be completed by the student):

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Business Email _____

Do you have a Springfield College student ID #? Yes No If yes: Your student ID # _____

Undergraduate Student Graduate Student

Have you begun your program yet? Yes No

If no, to which term are you applying? Fall Spring Summer Year _____

Location: Springfield (Main Campus) Online

Have you completed your FAFSA? Yes No

Please note: This grant will cover 15% of tuition after federal and state gift aid and is for all bachelor, master, and doctoral degree programs at the main campus or online.

By signing below, I agree to allow Springfield College to release my enrollment status to my employer for the sole purpose of administering this benefit. This agreement remains in effect annually unless revoked by notifying the financial aid office.

Student's Signature _____ Date _____

EMPLOYER INFORMATION (to be completed by the human resources director or the CEO/executive director):

Employer Name _____

Employer Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Business Email _____

Is the applicant a current permanent regular employee working at least 20 hours per week? Yes No

Human Resources Director or CEO/Executive Director's Signature _____ Date _____

Please return completed application to:

Springfield College Office of Financial Aid

263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108

Email: financialaid@springfield.edu

springfield.edu/partnership