

SECTION A: STUDENT COMPLETES

Student's Full Name

Student's ID #

1. Select one of the following:

- I am employed and **WILL** seek tuition assistance from my place of employment. (*Complete SECTION B*)
- I will **NOT** seek tuition assistance from my place of employment. (*Sign and Date – Do Not Complete SECTION B*)
- I am unemployed. (*Sign and Date – Do Not Complete SECTION B*)

2. Select one of the following:

- I **have/will** submit a 2022-23 FAFSA
- I will **NOT** submit 2022-23 FAFSA

Student's Signature

Date Signed

SECTION B: EMPLOYER COMPLETES

1) REIMBURSEMENT RATE <input type="checkbox"/> 100% Tuition <input type="checkbox"/> _____% per credit <input type="checkbox"/> \$_____ per credit <input type="checkbox"/> \$_____ per semester <input type="checkbox"/> \$_____ per course	2) TIME FRAME <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Other _____ to _____	3) MAXIMUM REIMBURSEMENT AMOUNT <input type="checkbox"/> \$_____ Annual <input type="checkbox"/> \$_____ Semester <input type="checkbox"/> \$_____ Per Course <input type="checkbox"/> No Maximum
4) QUALIFIED FOR REIMBURSEMENT <input type="checkbox"/> All Courses Toward Degree <input type="checkbox"/> Approved Courses Only	COMMENT(S): 	
<p>This employee is eligible to receive a tuition benefit/reimbursement from this place of employment for the 2022-23 academic year (July 2022 through June 2023).</p>		
EMPLOYER/COMPANY NAME: _____		
EMPLOYER/COMPANY ADDRESS: _____		
<p>_____ Representative's Signature</p>		<p>_____ Date Signed</p>
<small>SCAN THIS FORM TO: finaid@etown.edu FAX THIS FORM TO: 717-361-1514</small>		<small>MAIL THIS FORM TO: Office of Financial Aid Elizabethtown College One Alpha Drive Elizabethtown, PA 17022-2298</small>