ETOWN
ELIZABETHTOWN COLLEGE
Financial Aid

2027-2028 SGPS Financial Aid Intention Form

Student's Full Name: _____ **Student ID #:** _____

SECTION A: STUDENT COMPLETES

1. Select one of the following:
   - ☐ I am employed and **WILL** seek tuition assistance from my employer.
   - ☐ I will **NOT** seek tuition assistance from my employer. (**Sign/Date – Do not complete SECTION B**)
   - ☐ I am unemployed. (**Sign/ Date – Do not complete SECTION B**)

2. Select **ONE** of the following:
   - ☐ I have/will submit a 2027-2028 FAFSA.
   - ☐ I will NOT submit a 2027-2028 FAFSA.

PA STATE GRANT REMINDERS:
*Students must be continuously enrolled to receive the PA state grant. This means being in a course in all modules of the semester; example: for Fall you must be in F1, F2 and F3.
***Summer Enrollment**: If you will be enrolled in at least six credits for summer, an additional application is needed for the summer PA state grant. Complete by logging into your account at www.pheaa.org.

Student Signature: _____ **Date:** _____

SECTION B: EMPLOYER COMPLETES (ONLY IF RECEIVING EMPLOYER ASSISTANCE)

1) Reimbursement Rate	2) Time Frame	3) Maximum Reimbursement Amount
☐ 100% Tuition ☐ _____% per credit ☐ $_____ per credit ☐ $_____ per semester ☐ $_____ per course	☐ Calendar Year ☐ Fiscal Year ☐ Other: _____ to _____	☐ $_____ Annual ☐ $_____ Semester ☐ $_____ Per Course ☐ No Maximum
4) Qualified for Reimbursement ☐ All Courses Toward Degree ☐ Approved Courses Only	Comment(s):	

This employee is eligible to receive a tuition benefit/ reimbursement from this place of employment for the 2027-2028 academic year (July 2027 through June 2028).

Employer/ Company Name: _____

Employer/ Company Address: _____
_____

Representative Signature: _____ Date Signed: _____

Once completed, please either EMAIL or MAIL this form to the OFFICE OF FINANCIAL AID

Elizabethtown College
1 Alpha Drive
Elizabethtown, PA 17022
finaid@etown.edu