

2018-2019 EMPLOYER EDUCATIONAL ASSISTANCE VERIFICATION FORM

This form is required for all financial aid applicants.

SECTION A: TO BE COMPLETED BY THE STUDENT

Student Name: _____ Student ID: _____

Please complete ONE of the following:

Option 1: Employer Information

Company Name

Address Line 1

Address Line 2

Option 2: Unemployed

I certify that I am currently unemployed and will not receive a tuition benefit.

Student Signature

Date

SECTION B: TO BE COMPLETED BY THE STUDENT'S EMPLOYER

Will the student noted above be eligible to receive a tuition benefit/reimbursement from your company for the 2018-2019 academic year (July 1, 2018 through June 30, 2019)?

YES NO

If YES, please sign and return with a copy of your benefit policy to the Office of Financial Aid.

Reimbursement Rate: 100% tuition _____% per credit/course \$ _____ per credit/semester/course
(circle one)

Time Frame: Calendar Year Fiscal Year/Other: _____ to _____

Maximum Reimbursement Amount: \$ _____ annual/semester/per course No maximum
(circle one)

Qualified for Reimbursement: All courses toward degree Approved courses only

Comment(s): _____

Signature of Authorizing Official

Title

Date

Phone Number

RETURN THIS FORM BY MAIL, FAX, OR SCAN/EMAIL TO:

Elizabethtown College
Office of Financial Aid
One Alpha Drive
Elizabethtown, PA 17022-2298
Fax: 717-361-1514
Email: finaid@etown.edu



Elizabethtown College
SCHOOL OF CONTINUING
AND PROFESSIONAL STUDIES
at The Edward R. Murphy Center