**2020-2021 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 2: Unemployed**

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

Student Signature Date

**Option 1: Employer Information**

Company Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Address Line 1

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address Line 2

**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 2019-2020 academic year (July 1, 2019 through June 30, 2020)?**

**[ ]  YES** **[ ]  NO**

\*\*\*If YES, please fill out below and sign.\*\*\*

*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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Authorizing Official Title Date Phone Number

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| **RETURN THIS FORM BY MAIL, FAX, OR SCAN/EMAIL TO:** Elizabethtown CollegeOffice of Financial AidOne Alpha DriveElizabethtown, PA 17022-2298 **Fax:** 717-361-1514 **Email:** finaid@etown.edu  | C:\Users\gimac\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\UZ9HBCVR\SCPS logo murphyBW.jpg |