

Financial Aid

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

SECTION A: STUDENT COMPLETES

- 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**)
- Select **ONE** of the following:
 - I have/will submit a 2026-2027 FAFSA.
 - I will NOT submit a 2026-2027 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 <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 2026-2027 academic year (July 2026 through June 2027).</p>		
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
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