SPRINGFIELD COLLEGE

LAKESIDE FAMILY THERAPY SERVICES GRANT APPLICATION

STUDENT INFORMATION (to be completed by the Lakeside Family Therapy Services-employed student):

Name _____ Date of Application _____

Street Address _____

City _____ State_____ Zip _____

Phone_____ Lakeside Family Therapy Services Email _____

Do you have a Springfield College student ID #? ☐ Yes ☐ No If yes: Your student ID #_____

☐ Undergraduate Student ☐ Graduate Student

Have you begun your program yet? ☐ Yes ☐ No If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying? ☐ Fall ☐ Spring ☐ Summer Year _____

Location: ☐ Boston ☐ Springfield (Main Campus) ☐ Online

Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus or online.

☐ By signing below, I agree to allow Springfield College to release my enrollment status to my employer for the sole purpose of administering this benefit. This agreement remains in effect annually unless revoked by notifying the financial aid office.

Student's Signature _____ Date _____

LAKESIDE FAMILY THERAPY SERVICES INFORMATION (to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name_____

Street Address _____

City _____ State_____ Zip _____

Phone_____ Lakeside Family Therapy Services Email _____

Is the applicant a current regular employee (permanent for 20 hours or more) of Lakeside Family Therapy Services? ☐ Yes ☐ No

Human Resources Director or CEO/Executive Director's Signature_____ Date _____

Please return completed application to:

Springfield College Office of Financial Aid
263 Alden Street, Springfield, MA 01109
Phone: (413) 748-3108
Email: financialaid@springfield.edu
springfield.edu/lakesidefamilytherapy