

# SPRINGFIELD COLLEGE



## MENTAL HEALTH ASSOCIATION (MHA) GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the MHA-employed student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ MHA 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 \_\_\_\_\_

### MHA 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 \_\_\_\_\_ MHA Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of MHA? 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](mailto:financialaid@springfield.edu)

[springfield.edu/mha](http://springfield.edu/mha)