

SPRINGFIELD COLLEGE



BEHAVIORAL HEALTH NETWORK, INC. (BHN) GRANT APPLICATION

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

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ BHN 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 _____

Campus: Boston Greater Houston Milwaukee Springfield Wilmington Online

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

Student's Signature _____ Date _____

BHN 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 _____ BHN Email _____

Is the applicant a current employee of BHN? Yes No

If yes, in what capacity and for how long? _____

Briefly describe the applicant's involvement with the organization.

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 (main campus), (413) 748-3112 (regional and online students)

Email: financialaid@springfield.edu

springfield.edu/bhncinc