

# SPRINGFIELD COLLEGE



## CT NONPROFIT ALLIANCE EMPLOYEE OR MEMBER EMPLOYEE GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the CT Nonprofit Alliance employed or Member employed student):

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

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

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

Phone \_\_\_\_\_ Organization 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 \_\_\_\_\_

Expected completion date for your degree \_\_\_\_\_

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.*

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 \_\_\_\_\_

### EMPLOYEE VERIFICATION INFORMATION

#### PART 1 (to be completed by the human resources director of the CT Nonprofit Alliance or Member organization):

Human Resources Director or CEO/Executive Director's Name \_\_\_\_\_

Organization \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Organization Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of the organization listed above? Yes No

Human Resources Director or CEO/Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PART 2 (to be completed by the CT Nonprofit Alliance):

Is this organization a current member of the CT Nonprofit Alliance and eligible for the Employee Grant? Yes No

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Please return completed application to:

Springfield College, Office of Financial Aid, 263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108 • For regional and online students: (413) 748-3112 • Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)

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