SPRINGFIELD COLLEGE



GRANT APPLICATION FOR CITY OF SPRINGFIELD EMPLOYEES

STUDENT INFORMATION (to be completed by the City of Springfield-employed student):

Name	Date of Application		
Street Address			
City	_ State		Zip
Phone City of Springfield or other email address			
City of Springfield employee ID number			
Do you have a Springfield College student ID #? Yes No If yes: Your student ID #			
If no, to which term are you applying? Fall Spring Summer Year		mpuses, (or online.
By signing below, I agree to allow Springfield College to release my enrollment status to my enthis benefit. This agreement remains in effect annually unless revoked by notifying the financial		e sole pur	oose of administering
Student's Signature		_ Date _	
CITY OF SPRINGFIELD INFORMATION (to be completed by the City Hall human resources depart	tment or the Ch	nief Diversi	ty & Inclusion Officer):
Human Resources representative or Chief Diversity & Inclusion Officer's Name			
Street Address			
City	_ State	Z	Z ip
Phone City of Springfield or other email address			
Is the applicant a current regular employee (permanent for 17.5 hours or more) of the City of Spring	gfield?	Yes	No
Human Resources representative or Chief Diversity & Inclusion Officer'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/cityofspringfield