



LAMOUR CLINIC GRANT APPLICATION

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

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ LAMOUR Clinic 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.

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 _____

LAMOUR CLINIC 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 _____ LAMOUR Clinic Email _____

Is the applicant a current regular employee (permanent for 20 hours or more) of LAMOUR Clinic? 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 (main campus), (413) 748-3112 (regional and online students)

Email: financialaid@springfield.edu

springfield.edu/lamourclinic