

# SPRINGFIELD COLLEGE



## RIVERSIDE COMMUNITY CARE PARTNERSHIP GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the Riverside Community Care-employed student):

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

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

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

Phone \_\_\_\_\_ Riverside Community Care 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, for which term are you applying?  Fall  Spring  Summer Year \_\_\_\_\_

Campus:  Boston  Milwaukee  Springfield  Wilmington  
 Greater Houston  St. Johnsbury  Tampa Bay  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 \_\_\_\_\_

### RIVERSIDE COMMUNITY CARE 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 \_\_\_\_\_ Riverside Community Care Email \_\_\_\_\_

Is the applicant a current employee of Riverside Community Care?  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](mailto:financialaid@springfield.edu)

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