

# SPRINGFIELD COLLEGE



## VINFEN GRANT APPLICATION

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

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

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

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

Phone \_\_\_\_\_ Vinfen 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 \_\_\_\_\_

### VINFEN 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 \_\_\_\_\_ Vinfen Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of Vinfen? 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](mailto:financialaid@springfield.edu)

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