

# SPRINGFIELD COLLEGE



## BEHAVIORAL HEALTH NETWORK, INC. (BHN) GRANT APPLICATION

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

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

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

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

Phone \_\_\_\_\_ BHN 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 \_\_\_\_\_

Location:    Boston    Springfield (Main Campus)    Online

*Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus 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 \_\_\_\_\_

### BHN 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 \_\_\_\_\_ BHN Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of BHN?    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

Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)

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