## SPRINGFIELD COLLEGE



## CT NONPROFIT ALLIANCE EMPLOYEE OR MEMBER EMPLOYEE GRANT APPLICATION

**STUDENT INFORMATION** (to be completed by the CT Nonprofit Alliance employed or Member employed student):

Name	Date of Application	
Street Address		
City	State	Zip
Phone Organization 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 If no, to which term are you applying? Fall Spring Summer Year  Expected completion date for your degree		I upon the term you entered
Location: Boston Springfield (Main Campus) Online  Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus.  By signing below, I agree to allow Springfield College to release my enrollment status to my empthis benefit. This agreement remains in effect annually unless revoked by notifying the financial	ployer for the sol	e purpose of administering
Student's Signature		ate
EMPLOYEE VERIFICATION INFORMATION  PART 1 (to be completed by the human resources director of the CT Nonprofit Alliance or Membe	r organization):	
Human Resources Director or CEO/Executive Director's Name		
Organization		
Street Address		
City	State	Zip
Phone Organization Email		
Is the applicant a current regular employee (permanent for 20 hours or more) of the organization lis	sted above?	Yes No
Human Resources Director or CEO/Executive Director's Signature		Date
PART 2 (to be completed by the CT Nonprofit Alliance):		
Is this organization a current member of the CT Nonprofit Alliance and eligible for the Employee Gra	ant? Yes	No
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 springfield.edu/ctnonprofit