

SPRINGFIELD COLLEGE



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH) GRANT APPLICATION

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

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ DPH 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 _____

DPH INFORMATION (Please email student completed form to dph.humanresources@mass.gov).

DPH Human Resources Liaison Name _____

250 Washington Street

Boston, MA 02108

Phone _____

Email: dph.humanresources@mass.gov

Is the applicant a current regular employee (permanent for 20 hours or more) of DPH? Yes No

DPH Human Resources Liaison 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/massdph