

SPRINGFIELD COLLEGE



VALLEY HEALTH SYSTEMS, INC. (VHS) GRANT APPLICATION

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

Name _____ Date of Application _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ VHS 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 Springfield 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 _____

VHS INFORMATION (to be completed by the Chief Human Resources Officer):

Beverly Fein, Vice President, Chief Human Resources Officer

575 Beech Street

Holyoke, MA 01040

(413) 534-2577

fein_beverly@holyokehealth.com

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

Chief Human Resources Officer'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

springfield.edu/vhs