SPRINGFIELD COLLEGE

YMCA EMPLOYEE GRANT APPLICATION

This application must be completed and submitted for each term of enrollment.

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

Name _____ Date of Application _____

Street Address _____

City _____ State_____ Zip _____

Phone_____ YMCA 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 _____

Expected completion date for your degree _____

Campus: ❑ Boston ❑ Milwaukee ❑ Springfield ❑ Wilmington
❑ Greater Houston ❑ St. Johnsbury ❑ Tampa Bay ❑ Online

Please note: This grant is for all bachelor's, master's, and doctoral degree programs at regional campuses and at the main campus or online.

Student's Signature _____ Date _____

YMCA INFORMATION (to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name_____

YMCA Association _____ Branch _____

Street Address _____

City _____ State_____ Zip _____

Phone_____ YMCA Email _____

Is the applicant a current employee of this YMCA? ❑ Yes ❑ No

If yes, in what capacity and for how long? _____

Briefly describe the applicant's involvement with the YMCA

_____

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 For regional and online students: (413) 748-3112
Email: financialaid@springfield.edu