

## 2023-2024 EMPLOYER EDUCATION ASSISTANCE VERIFICATION FORM

## **SECTION A: STUDENT COMPLETES**

Student's Full Name	Studer	nt's ID #
1. Select one of the following:		
<ul> <li>I am employed and WILL seek tuition assistance from my place of employment. (Complete SECTION B)</li> <li>I will NOT seek tuition assistance from my place of employment. (Sign and Date – Do Not Complete SECTION B)</li> <li>I am unemployed. (Sign and Date – Do Not Complete SECTION B)</li> <li>Select one of the following:         <ul> <li>I have/will submit a 2023-2024 FAFSA</li> <li>I will NOT submit 2023-2024 FAFSA</li> </ul> </li> </ul>		
Student's Signature     Date Signed		
SECTION B: EMPLOYER COMPLETES		
1) REIMBURSEMENT RATE	2) TIME FRAME	3) MAXIMUM REIMBURSEMENT AMOUNT
100% Tuition	Calendar Year	<b>[]</b> \$Annual
% per credit	Fiscal Year	Semester
\$ per credit	Other to	S Per Course
\$per semester		No Maximum
\$ per course		
4) QUALIFIED FOR REIMBURSEMENT	COMMENT(S):	
All Courses Toward Degree		
Approved Courses Only		
This employee is eligible to receive a tuition benefit/reimbursement         from this place of employment for the 2023-2024 academic year (July 2023 through June 2024).         EMPLOYER/COMPANY NAME:         EMPLOYER/COMPANY ADDRESS:		
Representative's Signature Date Signed		
SCAN THIS FORM TO:       finaid@etown.edu         FAX THIS FORM TO:       717-361-1514         MAIL THIS FORM TO:       0ffice of Financial Aid         Elizabethtown College One Alpha Drive         Elizabethtown, PA 17022-2298		