

This form is required for ALL financial aid applicants

SECTION A: TO BE COMPLETED BY THE STUDENT

Student Name: _____

Student ID: _____

Please complete ONE of the following:

OPTION 1: EMPLOYER INFORMATION

Employer Name

Address Line 1

Address Line 2

OPTION 2: UNEMPLOYED

I certify that I am currently unemployed and will not receive a tuition benefit.

Student Signature

Date

SECTION B: TO BE COMPLETED BY THE STUDENT'S EMPLOYER

Will the student noted above be eligible to receive a tuition benefit/reimbursement from your place of employment for the 2022-2023 academic year (July 1, 2022 through June 30, 2023)? If YES, please complete below and sign.

YES

NO

Reimbursement Rate: 100% Tuition _____ % per credit/course \$ _____ per credit/semester/course
(circle one)

Time Frame: Calendar Year Fiscal Year/Other: _____ to _____

Maximum Reimbursement Amount: \$ _____ annual/semester/per course No Maximum

Qualified for Reimbursement: All Courses Toward Degree Approved Courses Only

Comment(s): _____

Signature of Authorizing Official

Title

Date

Phone Number

RETURN THIS FORM BY MAIL, FAX, OR SCAN/EMAIL TO:

Office of Financial Aid
Elizabethtown College
One Alpha Drive
Elizabethtown, PA 17022-2298

Fax: (717) 361-1514
Email: finaid@etown.edu