

2024-2025 EMPLOYER EDUCATION ASSISTANCE VERIFICATION FORM

SECTION A: STUDENT COMPLETES

Student's Full Name

Student's ID #

1. Select one of the following:

- I am employed and **WILL** seek tuition assistance from my place of employment. (*Complete SECTION B*)
- I will **NOT** seek tuition assistance from my place of employment. (*Sign and Date – Do Not Complete SECTION B*)
- I am unemployed. (*Sign and Date – Do Not Complete SECTION B*)

2. Select one of the following:

- I **have/will** submit a 2024-2025 FAFSA
- I will **NOT** submit 2024-2025 FAFSA

PA STATE GRANT REMINDERS:
 *Students must be **continuously enrolled** to receive the PA state grant. This means being in a course in all modules of the semester; example: for Fall you must be in F1, F2 and F3
 ***Summer Enrollment**
 If you will be enrolled in at least six credits for summer, an additional application is needed for the summer PA state grant. Complete by logging into your account at www.pheaa.org

Student's Signature

Date Signed

SECTION B: EMPLOYER COMPLETES

<p>1) REIMBURSEMENT RATE</p> <p><input type="checkbox"/> 100% Tuition</p> <p><input type="checkbox"/> _____ % per credit</p> <p><input type="checkbox"/> \$ _____ per credit</p> <p><input type="checkbox"/> \$ _____ per semester</p> <p><input checked="" type="checkbox"/> \$ _____ per course</p>	<p>2) TIME FRAME</p> <p><input type="checkbox"/> Calendar Year</p> <p><input type="checkbox"/> Fiscal Year</p> <p><input type="checkbox"/> Other _____ to _____</p>	<p>3) MAXIMUM REIMBURSEMENT AMOUNT</p> <p><input type="checkbox"/> \$ _____ Annual</p> <p><input type="checkbox"/> \$ _____ Semester</p> <p><input type="checkbox"/> \$ _____ Per Course</p> <p><input type="checkbox"/> No Maximum</p>
<p>4) QUALIFIED FOR REIMBURSEMENT</p> <p><input type="checkbox"/> All Courses Toward Degree</p> <p><input type="checkbox"/> Approved Courses Only</p>	<p>COMMENT(S):</p> 	

This employee is eligible to receive a tuition benefit/reimbursement from this place of employment for the 2024-2025 academic year (July 2024 through June 2025).

EMPLOYER/COMPANY NAME: _____

EMPLOYER/COMPANY ADDRESS: _____

Representative's Signature

Date Signed

SCAN THIS FORM TO:
 Secure Document Upload
 *Please contact our office at finaid@etown.edu for login information.

MAIL THIS FORM TO:
 Office of Financial Aid
 Elizabethtown College
 One Alpha Drive
 Elizabethtown, PA 17022-2298