

# 2018-2019 EMPLOYER EDUCATIONAL ASSISTANCE VERIFICATION FORM

\*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**

\_\_\_\_\_  
Company 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 company for the 2018-2019 academic year (July 1, 2018 through June 30, 2019)?

YES  NO

\*\*\*If YES, please sign and return with a copy of your benefit policy to the Office of Financial Aid.\*\*\*

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  
(circle one)

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:

Elizabethtown College  
Office of Financial Aid  
One Alpha Drive  
Elizabethtown, PA 17022-2298  
Fax: 717-361-1514  
Email: [finaid@etown.edu](mailto:finaid@etown.edu)



**Elizabethtown College**  
SCHOOL OF CONTINUING  
AND PROFESSIONAL STUDIES  
at The Edward R. Murphy Center