

EVANGEL UNIVERSITY

STUDENT FINANCIAL SERVICES – 1111 N GLENSTONE – SPRINGFIELD, MO 65802

(417) 865-2815 ext. 7300

Fax: (417) 575-5478

Faculty of AG College/University Tuition Discount

We are pleased to offer a 50 percent tuition discount on classes taken at Evangel University to the dependents (based on FAFSA criteria) of full-time faculty members of an Assemblies of God college or university located in the United States who have been employed for at least two years prior to the semester of enrollment; married children and students over the age of 23 are not eligible for this discount. If the employee is terminated, the tuition discount is also terminated at the end of the semester for which the student is currently enrolled. It is the student's responsibility to notify Student Financial Services of any change in eligibility.

The discount does not apply to classes taken off campus (i.e. Study Abroad, Cox School of Nursing and Health Sciences, or courses taken at other institutions), nor does it apply to Graduate or Adult Degree programs.

We count it a privilege to have your son or daughter as part of our student body. Please let us know if your student is eligible by completing the information below. You only need to complete this form once; we will automatically renew the discount each semester as long as the student remains eligible according to the below criteria and as confirmed by your Human Resources/Personnel Office.

Please note: student becomes INELIGIBLE for discount if

- 1) Married OR 24 years of age or older at beginning of term (semester-by-semester basis; i.e., student could be eligible in fall but ineligible in spring);
- 2) Not eligible for financial aid due to poor academic performance;
- 3) Account is more than one semester delinquent;
- 4) Classes are not taken on the campus of Evangel University.

Employee Name: _____

This employee has been employed full-time for at least two years by:

College/University Name: _____ Employment Date: _____

Signature of Personnel/HR Dept. Representative

Date

Student: _____
First Name MI Last Name

Student's Social Security Number: _____ Birth Date: _____

Academic year for which you are applying for a discount? _____

Which terms will the student be attending Evangel; how many credit hours per term? _____ Fall _____ Spring

I have authorized my college/university Personnel Office to release the above information regarding my employment history. I verify that the student is my legal dependent and is living in an EU residence hall or at my residence and meets the requirements for this discount.

Employee signature

Date