EVANGEL UNIVERSITY

STUDENT FINANCIAL SERVICES OFFICE – 1111 N GLENSTONE – SPRINGFIELD, MO 65802
(417) 865-2815 ext. 7300
FAX Number (417) 575-5478

Faculty of A/G College/Univ. Tuition Discount Request

We are pleased to offer a 50 percent tuition discount on classes taken here at Evangel University to the dependents (based on the FAFSA criteria) of full-time faculty members of any 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 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 the Student Financial Services Office of any change in eligibility status.

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 a part of our student body. Our desire is to eliminate any problems during financial registration by having the discount already credited to their student account. Please let us know if your student is eligible by completing the requested information below.

Please note: Student becomes INELIGIBLE for discount if:

1. Married OR older than 23 years of age during the current academic year.
2. Not eligible for financial aid due to poor academic performance.
3. Account is more than one semester delinquent.
4. Student is placed on disciplinary status of personal probation or higher.
5. Classes are not taken on the campus of Evangel University.

If you have any questions or concerns, please contact our office at the telephone number listed above.

Employee Name: _____

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

_____ Employment Date_____
(College/University Name) (MM/DD/YYYY)

Signature of Personnel Dept _____ Date:_____

Student: _____
First Name MI Last Name

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

Terms: Term/yr: Fall_____ Spring_____ Credit hours- FA ___ SP___

I have authorized my college or university Personnel Office to release the above information regarding my employment history. Furthermore, I verify that the student is my legal dependent and is living in an Evangel University residence hall or at my residence.

_____ _____
Employee signature Date