

EVANGEL UNIVERSITY

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

General Council of the AG Employee 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 employees of the General Council of the Assemblies of God 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. This discount is also available to the eligible employee and their spouse. 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.

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) Dependent student 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 the General Council of the AG.

Agency Name: _____ Employment Date: _____

Signature of Personnel/HR Dept. Representative _____ Date _____

Discount for: _____ Self _____ Spouse _____ Dependent

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 the General Council Headquarters Personnel Office to release the above information regarding my employment history. If this discount is not for myself or my spouse, 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