

Evangel University
Student Financial Services Office

Verification of Employer Reimbursement / Advancement

The Student Financial Services Office is requesting that you inform us if you expect to receive tuition reimbursement / advancement from your employer during the academic year. Complete this form, regardless of your employment status or whether or not you are eligible for assistance from your employer, and mail or fax it to Student Financial Services as soon as possible. We are unable to package your financial aid, including Stafford Loan funds, until this form is received. If you have any questions, please contact our office at 417-865-2815, ext. 7300.

Name _____

Student ID _____

A – EMPLOYMENT STATUS

- Employed by another.....Go to B
- Self-EmployedGo to C
- Unemployed: As of what date ____ / ____ /Go to C

B – EMPLOYER INFORMATION

Name of employer _____

Does your employer provide tuition reimbursement / advancement?..... Yes No— go to C

Are you eligible for tuition reimbursement / advancement?..... Yes No— go to C

If eligible, will you accept it?..... Yes No— go to C

Reimbursement / Advancement pertains to: (check all that apply)

- Tuition only
- Tuition & fees
- Total charges
- Charges less grants

Provide either the dollar amount you expect to receive each term or the percentage of your charges that you expect to receive as reimbursement or advancement from your employer.

Term: _____ \$ _____ or 100% 75% 50% Other _____

C – CERTIFICATION

Expected date of graduation: (Month/Year) _____

I certify that the information provided on this form is true and accurate. I agree to provide the Student Financial Services Office with written notification if there is a change to any of the information.

Student's Signature _____

Date _____

Daytime phone _____

Email _____