

CORPORATE PARTNERS SCHOLARSHIP

Eligibility and Guidelines

- Eligible candidates are all benefited employees, their spouses, and their dependents. A dependent qualifies if they meet the definition of the IRS guidelines.
- This scholarship form does not guarantee admission to Regent University. Candidates are to complete the specific admissions criteria of their particular school of interest.
- Accepted students must comply with all rules, regulations, policies and standards of Regent University.
- Enrollment capacity may be limited. Accepted students are required to contact the specific school of interest to verify space and official starting dates.
- Acceptance of this Tuition Grant precludes eligibility for most other forms of financial aid from Regent University. However, an otherwise eligible applicant may apply for federal and/or state financial aid in accordance with applicable regulations and guidelines.

Procedures

This form must be submitted *no earlier than 2 months prior* to the start of the academic year.

Please complete the following steps to verify eligibility.

- 1. Complete the form in its entirety.
- 2. Submit this form at the initial term, and for each academic fall year you are enrolled.
- 3. Obtain the appropriate signature from your HR representative or designated official.
- 4. Email the completed form to faforms@regent.edu.
- 5. If you have questions, please contact the Student Financial Aid:

Phone: 757-352-4125

Email: finaid@regent.edu

6. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.

This form must be submitted per academic year before the final payment deadline.







Corporate Partners Scholarship



VERIFICATION FORM

Last Name: First Name: Middle Initial: MyRegent Username: Birthdate: Relationship to Corporate Partner: □ Employee □ Spouse/Dependent Company Email Address: Educational Plans Academic year you are enrolling in (i.e. 2019-2020): Number of credits you plan to enroll in per semester: Fall Spring Summer Number of credits you plan to enroll in per semester: Fall Spring Summer Signatures Date ***By accepting this agreement, I understand that information may be shared with my employer. This is to certify that the above-named prospective student is eligible for the Corporate Partnership provided through Regent University. Signature of Monica LeClaire, TEAM's Director of Learning and Development monica leclaire@team.org	Last Nama:	First Name:	Middle Initial:
Relationship to Corporate Partner: Employee Spouse/Dependent Company Email Address: Educational Plans Academic year you are enrolling in (i.e. 2019-2020): Number of credits you plan to enroll in per semester: Fall Spring Summer Signatures Employee Signature Pate **By accepting this agreement, I understand that information may be shared with my employer. This is to certify that the above-named prospective student is eligible for the Corporate Partneys Scholarship provided through Regent University. Signature of Monica LeClaire, TEAM's Director of Learning and Development	Last Name:	FIRST Name:	Middle initial:
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