

# SPRINGFIELD COLLEGE



## VERMONT DEPARTMENT OF CORRECTIONS (DOC) GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the Vermont DOC-employed student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Vermont DOC Email \_\_\_\_\_

Do you have a Springfield College student ID #?    Yes    No    If yes: Your student ID # \_\_\_\_\_

Undergraduate Student    Graduate Student

Have you begun your program yet?    Yes    No    If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying?    Fall    Spring    Summer    Year \_\_\_\_\_

Campus:    Boston    Greater Houston    Springfield    Online

*Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus, regional campuses, or online.*

By signing below, I agree to allow Springfield College to release my enrollment status to my employer for the sole purpose of administering this benefit. This agreement remains in effect annually unless revoked by notifying the financial aid office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### VERMONT DOC INFORMATION (to be completed by the local business manager):

Local business manager's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Vermont DOC Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of Vermont DOC?    Yes    No

Local business manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid

263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108 (main campus), (413) 748-3112 (regional and online students)

Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)

[springfield.edu/vtdoc](http://springfield.edu/vtdoc)