

# SPRINGFIELD COLLEGE



## WAY FINDERS GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the Way Finders-employed student):

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

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

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

Phone \_\_\_\_\_ Way Finders 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 \_\_\_\_\_

Location:    Boston    Springfield (Main Campus)    Online

*Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus 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 \_\_\_\_\_

### WAY FINDERS INFORMATION (to be completed by a human resources representative):

Human Resources Representative Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Way Finders Email \_\_\_\_\_

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

Human Resources Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid  
263 Alden Street, Springfield, MA 01109  
Phone: (413) 748-3108  
Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)  
[springfield.edu/wayfinders](http://springfield.edu/wayfinders)