

# SPRINGFIELD COLLEGE



## NATIONAL HEAD START ASSOCIATION (NHSA) GRANT APPLICATION

**STUDENT INFORMATION** (to be completed by the NHSA or NHSA Agency-employed undergraduate student or applicant):

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

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

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

Phone \_\_\_\_\_ NHSA Agency Email \_\_\_\_\_

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

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 \_\_\_\_\_

### NATIONAL HEAD START ASSOCIATION OR NHSA AGENCY INFORMATION

(to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name \_\_\_\_\_

National Head Start Agency \_\_\_\_\_

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

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

Phone \_\_\_\_\_ NHSA Email \_\_\_\_\_

Is the applicant a current regular employee (permanent for 20 hours or more) of a National Head Start Agency? Yes No

Human Resources Director or CEO/Executive Director's 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/nhsa](http://springfield.edu/nhsa)