SPRINGFIELD COLLEGE

LAMOUR CLINIC GRANT APPLICATION

STUDENT INFORMATION (to be completed by the LAMOUR Clinic-employed student):

Name ____ Date of Application __________

Street Address ____

City ____ State__________ Zip __________

Phone______________________ LAMOUR Clinic 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 __________

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

Human Resources Director or CEO/Executive Director's Name______________________________

Street Address ____

City ____ State__________ Zip __________

Phone______________________ LAMOUR Clinic Email ______________________________

Is the applicant a current regular employee (permanent for 20 hours or more) of LAMOUR Clinic? 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
springfield.edu/lamourclinic