

**St. Joseph's University Grant for Non-Profit Employees Application and
Annual Verification of Employment form
(Effective Fall 2024 for Master's in Social Work Students)**

This grant has been developed for individuals **employed at a non-profit organization** at the time of their initial enrollment and who continue their employment at a qualified organization while enrolled in the **Master's in Social Work (MSW) degree** at St. Joseph's University, New York.. The award will provide a grant of up 25% of the prevailing St. Joseph's University tuition rate to eligible students. The exact dollar amount of this grant will vary based on the amount of credits the student is taking each semester as well as the student's eligibility for other financial aid grants or scholarships. These other grants will be deducted from the tuition and the 25% discount grant will be applied to remaining tuition charges. This discount applies to tuition only and does not apply to any fees the student is charged or may incur. This discount may not be combined with any other type of St. Joseph's University institutional grant or scholarship, discounted tuition (i.e. required undergraduate prerequisites for a graduate program) and is not available to students enrolled in online degree programs.

Students must complete this annual verification of employment form each academic year. If you have any questions, please contact the Long Island Office of Financial Aid at 631-687-2600.

Applicant's Name _____ Student ID# _____

Position _____ Academic Year _____

Home Address _____

_____ Zip _____

Home or Cell Phone _____ Work Phone _____

I have read and understand the above statements. I accept the terms and conditions of the St. Joseph's University Grant for Non-profit Employees in the MSW degree program.

Student Signature: _____ Date: _____

This section to be completed by the student's current supervisor or Human Resources representative
VERIFICATION OF EMPLOYMENT

The above named applicant is currently employed at the following 501(c)(3) non-profit organization and is eligible for the St. Joseph's University, New York MSW Non-Profit Grant.

Organization Name _____ Organization Tax ID # _____

Employment Start Date _____

Print Name and Title of Supervisor/HR Representative _____ Phone Number _____

Signature of Supervisor/HR Representative _____ Date _____

Return this completed worksheet to:
St. Joseph's University Attn: Office of Financial Aid
155 W. Roe Blvd. Patchogue NY 11772
Fax: 631-650-2525