

**St. Joseph's University Visiting Nurse Service of New York (VNSNY) Partnership Grant
Annual Verification of Employment**

This grant has been developed for current VNSNY employees who are pursuing a Bachelor's degree at St. Joseph's University. The award will provide a grant of up to 1/3 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 (Federal Pell grant, NY State TAP and APTS grants for example). These other grants will be deducted from the tuition and the 1/3 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/scholarship, discounted tuition (i.e. required undergraduate prerequisites for a graduate program) and is not available to students enrolled in online degree programs.

In order to be considered for this grant, interested students must complete a Free Application for Federal Student Aid (FAFSA) designating St. Joseph's University as a recipient (002825 Brooklyn campus, E00505 Long Island campus) each academic year. Full-time undergraduate students who are NY State residents must complete the NY State TAP application. Students must also complete this annual verification of employment form each academic year. If you have any questions, please contact the Brooklyn Office of Financial Aid at 718-940-5700 or 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 VNSNY Partnership Grant.

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 an employee at the VNSNY and is eligible for the St. Joseph's University VNSNY Partnership Grant.

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

_____ Date _____
Signature of Supervisor/HR Representative

Return this completed worksheet to the campus you attend:
St. Joseph's University Attn: Office of Financial Aid