



### CORPORATE PARTNERS SCHOLARSHIP

#### Eligibility and Guidelines

- Eligible candidates are employees, their spouse, and their dependents. A dependent qualifies if they meet the definition of the IRS guidelines.
- This scholarship form does not guarantee admission to Regent University. Candidates are to complete the specific admissions criteria of their particular school of interest.
- Accepted students must comply with all rules, regulations, policies and standards of Regent University.
- Enrollment capacity may be limited. Accepted students are required to contact the specific school of interest to verify space and official starting dates.
- Acceptance of this Tuition Grant precludes eligibility for most other forms of financial aid from Regent University. However, an otherwise eligible applicant may apply for federal and/or state financial aid in accordance with applicable regulations and guidelines.

#### Procedures

This form must be submitted *no earlier than 2 months prior* to the start of the academic year.

Please complete the following steps to verify eligibility.

1. Complete the form in its entirety.
2. Submit this form at the initial term, and for each academic fall year you are enrolled.
3. Obtain the appropriate signature from your HR representative or designated official.
4. Email the completed form to [faforms@regent.edu](mailto:faforms@regent.edu).
5. If you have questions, please contact the Student Financial Aid:  
Phone: 757-352-4125  
Email: [finaid@regent.edu](mailto:finaid@regent.edu)
6. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.

This form must be submitted per academic year before the final payment deadline.



**VERIFICATION FORM****Student Information - Required**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

MyRegent Username: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Corporate Partner: \_\_\_\_\_ Employee \_\_\_\_\_ Spouse/Dependent \_\_\_\_\_

Anthem Email Address: \_\_\_\_\_

If Spouse/Dependent-Preferred Email Address: \_\_\_\_\_

**Educational Plans**

Academic year you are enrolling in (i.e. 2023-2024): \_\_\_\_\_

Number of credits you plan to enroll in per semester: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

**Signatures**\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_*\*\*By accepting this agreement, I understand that information may be shared with my employer.*\_\_\_\_\_  
Elevance Health HR Representative Signature \_\_\_\_\_ Date \_\_\_\_\_