

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.
- 5. If you have questions, please contact the Student Financial Aid:

Phone: 757-352-4125

Email: 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.







Corporate Partners Scholarship



VERIFICATION FORM

Student Information -	Required	
Last Name:	First Name:	Middle Initial:
MyRegent Username: Relationship to Corporate Parti	Birthdatener: Employee Spouse/I	
Company or Preferred Email Ac	ddress:	
Educational Plans Academic year you are enrollin	g in (e.g., 2023-2024):	
Number of credits you plan to	enroll in per semester: Fall	Spring Summer
Signatures		
Employee Signature		Date
**By accepting this agreem	ent, I understand that information ma	ny be shared with my employer.
This is to certify that the above Scholarship provided through F	·	eligible for the Corporate Partners
Kimberly Hammond Training and Development Cookimberly.hammond@nn.k12.va. (757) 881-5601, Ext. 11143 phon (757) 643-7405 fax	<u>us</u>	Date