Clarkson College

Prepare to be the **best.**

Appendix A

Community Partnership Verification Form

THIS FORM MUST BE COMPLETED EVERY SEMESTER

Eligibility Requirement: Employees, their spouses or dependents (age 23 or younger) of Boys Town may receive the Community Partnership tuition rate, if all other eligibility criteria are met.
This form must be completed and submitted every semester.

STUDENT/EMPLOYEE INFORMATION

PLEASE PRINT FORM

Employee name _____

Home address _____
STREET

_____
CITY STATE ZIP

Home phone _____

Preferred phone _____

Employee title _____

Employer name _____

Department name _____

Department address _____
STREET

_____
CITY STATE ZIP

Supervisor name _____

Supervisor phone _____

Employee hire date _____
(MM/DD/YYYY)

Employee current employment status ☐ Full-time (AT LEAST .9 FTE) ☐ Part-time (AT LEAST .2 FTE)

DEPENDENT INFORMATION

Student name _____

Student's relationship to employee _____

Student address _____
STREET

_____
CITY STATE ZIP

Student date of birth _____
(MM/DD/YYYY)

Program of study _____

INSTRUCTIONS

The following criteria must be met to be eligible for the Clarkson College Community Partnership Tuition Rate (see above for Eligibility Requirement):

1. The employee must be employed full-time (at least .9 FTE) or part-time (at least .2 FTE).
2. **Employment status must be maintained for the duration of the course.** Students must notify Student Accounts of a change in employment status.
3. **Every semester, the employee must complete this form,** and obtain the appropriate signatures from the human resources representative and the student (if the student is someone other than the employee). Boys Town Human Resources will submit the completed form to the Clarkson College Student Accounts office.
4. The student is responsible for payment of tuition and fees to Clarkson College by the tuition payment due date. Failure to comply with this payment policy may result in late payment fees.

STATEMENT OF UNDERSTANDING

I authorize official representatives of Clarkson College to verify information provided on this verification form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program. I understand that Clarkson College may limit the number of students allowed to participate in the Community Partnership tuition rate program, and tuition and fees are subject to change.

CERTIFICATION

I hereby certify that I have read this verification form. Falsification or omission of information may result in disqualification of the Community Partnership tuition rate and I am responsible for payment of tuition and fees. I agree to abide by the terms set forth in this document. I understand a change in employment status may disqualify me from the Community Partnership Tuition Rate.

EMPLOYEE SIGNATURE	DATE
STUDENT SIGNATURE	DATE
HUMAN RESOURCES REPRESENTATIVE SIGNATURE	DATE

Student Accounts 101 S 42 Street Omaha, NE 68131 **PH** 402-552-3100 **EMAIL** StudentAccountsReps@clarksoncollege.edu