



Corporate Partners Scholarship and Verification Form for Employees, Spouses, and Dependents of Trinitas Regional Medical Center.

Trinitas ID \_\_\_\_\_

Student ID#/Last 4 of SSN: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please complete this form and submit at the time of your application to Caldwell University to [admissions@caldwell.edu](mailto:admissions@caldwell.edu). This form is required to initiate eligibility of the corporate partnership scholarship.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Relationship to Trinitas Regional Medical Center: \_\_\_\_\_ Employee \_\_\_\_\_ Spouse/Dependent

Degree Level: \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctorate

I Plan to Register For: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_

By accepting this agreement, I understand that information may be shared with my employer and that employment with Trinitas Regional Medical Center is required to receive and maintain the discount.

This is to certify that the above named prospective student is eligible for the Corporate Partners Scholarship provided through Caldwell University. The prospective student is in good standing with Trinitas Regional Medical Center.

Name of Employee: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Immediate Supervisor Signature

## Eligibility and Guidelines

- Current employment with Trinitas Regional Medical Center is required to receive the Corporate Partners Scholarship. If the student does not remain an employee for at least one half of each term for which they receive this benefit, the scholarship will be reversed and become a balance due on the student's account.
- Eligible candidates include employees and their spouses and dependents. Dependents qualify if they meet the requisite definition in the IRS guidelines.
- This scholarship form does not guarantee admission to Caldwell University. Candidates must meet the specific admissions criteria of their particular program of interest.
- Accepted students must comply with all rules, regulations, policies and standards of Caldwell University.
- Enrollment capacity may be limited. Accepted students are required to contact the specific program of interest to verify space and official starting dates.
- This 25% tuition scholarship cannot be combined with any other institutional aid; however, an otherwise eligible applicant may apply for and receive federal and/or state financial aid in accordance with applicable regulations and guidelines. Each student has the opportunity to choose the preferred eligible offer of financial aid.
- Subsequent future eligibility will be verified directly with the employer two times a year, in January and August.

### Procedures:

This form must be submitted at time of application prior to the first term of enrollment.

Please complete the following steps to verify eligibility:

1. Complete the first page of this form including your contact information and degree program interest.
2. Obtain the appropriate signatures and email or scan the completed form to [admissions@caldwell.edu](mailto:admissions@caldwell.edu)
3. If you have questions, please contact the Caldwell University Admissions Office:

Phone: 973-618-3500

Email: [admissions@caldwell.edu](mailto:admissions@caldwell.edu)

Caldwell University

Office of Admissions

120 Bloomfield Avenue

Caldwell, NJ 07006