



Prepare to be the best.

Community Partnership Verification Form

THIS FORM MUST BE COMPLETED EVERY SEMESTER

Eligibility Requirement: Employees, their spouses or dependents (age 23 or younger) of the YMCA may receive the Clarkson College Community Partnership tuition rate, if all other eligibility criteria are met.

This form must be completed and submitted every semester.

I am YMCA Employee YMCA Employee Spouse YMCA Employee Dependent
Age 23 and under

CLARKSON COLLEGE STUDENT INFORMATION **Complete form with N/A if not applicable*

PLEASE PRINT FORM

Name _____

Home address _____
STREET

CITY STATE ZIP

Home phone _____

Preferred phone _____

Employee title _____

Employee hire date _____
(MM/DD/YYYY)

Employer name _____

Department name _____

Department address _____
STREET

CITY STATE ZIP

Department phone _____

Supervisor name _____

Supervisor title _____

Supervisor phone _____

Supervisor signature _____

Employee, if applicable, current employment status Full-time Part-time

YMCA EMPLOYEE DEPENDENT/SPOUSE 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 Community Partnership Tuition Rate (see above for Eligibility Requirement):

1. The employee must be an active YMCA employee.
2. **Employee status must be maintained while a student at Clarkson College. Students must notify Student Financial Services of a change in employment status.**
3. **Every semester, the employee must complete this form**, and obtain the appropriate signatures from the supervisor, human resources representative and the student (if the student is someone other than the employee). Submit the completed form to the Clarkson College Student Financial Services 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 YMCA Partnership 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
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YMCA HUMAN RESOURCES SIGNATURE	DATE
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Student Financial Services 101 S 42 Street Omaha, NE 68131 PH 402 552 2749

Clarkson College complies with all applicable federal, state and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status, or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. The following designated position coordinates the Clarkson College effort to comply with the regulations implementing Title IX, Section 504 and the Age Act: Vice President of Operations, Clarkson College 101 South 42 Street Omaha, Neb. 68131.