

Community Partnership Verification Form

THIS FORM MUST BE COMPLETED EVERY SEMESTER

<u>Eligibility Requirement:</u> Employees, their spouses, or dependents (age 23 or younger) of Clarkson College's Community Partners which currently consist of the following businesses: Vetter Senior Living and Children's Hospital & Medical Center may receive the Community Partnership tuition rate, if all other eligibility criteria are met.

This form must be completed and submitted every semester.

PLEASE PRINT FO	PLOYEE INFORMAT ORM	ION	Employer name	Employer name		
Employee name			Department name			
Home address			Department address			
	STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP	
Home phone			Supervisor name			
Preferred phone			Supervisor phone			
Employee title			Employee hire date			
-				(MM/DD/YYYY)		
	nt employment status OR SPOUSE INFORM	☐ Full-time (AT LE	EAST .9 FTE)	(AT LEAST .5 FTE)		
Student name						
Student's relations	ship to employee					
Student address			Student date of birth			
	STREET			(MM/DD/YYYY)		
			Program of study			
CITY	STATE	ZIP				

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 .5 FTE) for at least six months.
- 2. **Employment status must be maintained for the duration of the semester.** Students must notify Student Accounts of a change in employment status.
- 3. <u>Every semester, the employee must complete this form</u>, and obtain the appropriate signatures from the human resources representative and the student (if the student is someone other than the employee). Community Partners Human Resources Department 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

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.

	4
EMPLOYEE SIGNATURE	DATE
20122000000000	5/112
CTUDENT CICALATURE	DATE
STUDENT SIGNATURE	DATE
HUMAN RESOURCES REPRESENTATIVE SIGNATURE	DATE

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

Student Accounts 101 S 42 Street Omaha, NE 68131 PH 800 647 5500 EMAIL Student Accounts@clarksoncollege.edu