



# MID-HUDSON COALITION

## Application for Tuition Assistance and/or Books and Materials Grant For Undergraduate Studies

Applicants must be individual members of the Mid-Hudson Coalition.  
Membership applications may be obtained by calling (845) 473-3000, x405.

### PART A - PLEASE PRINT

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you work for more than one agency? \_\_\_\_ Yes \_\_\_\_ No

**(If you answered "yes", you must obtain employment verification from all employers.)**

I am applying for: \_\_\_\_\_ Tuition Assistance **(Include proof of enrollment in approved program and copy of tuition bill. Forward grades upon completion of coursework.)**

\_\_\_\_\_ Books & Materials Grant **(Include receipts and proof of enrollment. Forward grades upon completion of coursework.)**

Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_

### PART B - Employment Verification - To be completed by employer

#### 1st Employer

\_\_\_\_\_ is employed by \_\_\_\_\_

(Employee Name) (Agency)

in the position of \_\_\_\_\_, working \_\_\_\_\_ hours per week.

(Title)

Is this employee eligible for agency-sponsored tuition assistance or education incentive? \_\_\_\_ Yes \_\_\_\_ No

Amount of reimbursement or incentive employee is eligible to receive this semester? \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Title Phone

#### 2nd Employer

\_\_\_\_\_ is employed by \_\_\_\_\_

(Employee Name) (Agency)

in the position of \_\_\_\_\_, working \_\_\_\_\_ hours per week.

(Title)

Is this employee eligible for agency-sponsored tuition assistance or education incentive? \_\_\_\_ Yes \_\_\_\_ No

Amount of reimbursement or incentive employee is eligible to receive this semester? \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Title Phone

Continued on reverse side.

**PART C**

**Financial Aid Verification: (For Tuition Assistance Only)**

This section must be completed by the Financial Aid office at your respective college.

\_\_\_\_\_ is a student at \_\_\_\_\_  
(Name) (College)

and is taking \_\_\_\_\_ credits during the \_\_\_\_\_ semester.  
(Number)

This student is enrolled in \_\_\_\_\_.  
(Program)

Date student will graduate/complete this program: \_\_\_\_\_

Has this student applied for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is student eligible for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Amount of financial aid this student will receive: \_\_\_\_\_ for \_\_\_\_\_.  
(Amount) (Semester)  
\_\_\_\_\_ Grant \_\_\_\_\_ Loan

Verified by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

**School stamp/seal required.**

**APPLICANT'S STATEMENT:**

I hereby apply for assistance with tuition and/or books through the Mid-Hudson Coalition. By signing this application, I certify that all of the foregoing information is true to the best of my knowledge. Any false statements or willful omissions made by me in the application may be cause for denial of requested assistance.

**Signature:** \_\_\_\_\_

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

**Application must be made for each semester for which assistance is requested.**

Return completed application and supporting documentation to:  
Mid-Hudson Coalition, 123 West Road, Pleasant Valley, NY 12569.

**Official Use Only. Please leave blank**

MHC Member \_\_\_\_\_ Yes \_\_\_\_\_ No      Joined: \_\_\_\_\_

Tuition: \_\_\_\_\_ Books: \_\_\_\_\_ Total: \_\_\_\_\_ Check No: \_\_\_\_\_