



**Partners in Non-Profit
Certification Form**

Section A. *to be completed by the student*

Students Name: _____ Social Security #: _____

Employers Name: _____ Phone Number: _____

Employers Address: _____

I authorize the above named employer to submit certification of my employment status to Alvernia College.

Signature: _____ Date: _____

**If employment status changes it is the Alvernia College Students responsibility to notify the Financial Aid Office immediately of this change of status.*

Section B. *to be completed by the employer*

Title of Organization: _____

I certify that the above named employee is employed full-time and eligible for the 20% Partners in Non-Profit Discount at Alvernia College.

Name: _____ Title: _____

Signature: _____ Date: _____

Section C. *to be complete by the Financial Aid Office*

Discount amount: _____ Date discount posted: _____

Signature: _____

Please return this form, once sections A & B have been completed to the Financial Aid Office for processing.

**Alvernia College
Financial Aid Office
400 Saint Bernardine Street
Reading, PA 19607**