

PHEAA Tuition Reimbursement Verification Form

This form needs to be completed for each semester by part-time students receiving PHEAA grants. Eligibility for state grants may be affected by tuition reimbursement.

Semester: _____

Academic Year: _____

Section A: To Be Completed By Student
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1. Student's Name:

5. Are you or will you be employed for

this semester: Yes ___ No ___

2. Student's Social Security Number:

6. If Employed, Provide the Employers Address:

3. Student's Home Address:

Section B: To Be Completed By Student's Employer

1. Will or have you reimburse(d) the above student for the tuition and fees for the term(s) indicated in item # 5 above? Yes ___ No ___

If Yes, Please complete the following questions; if No, please sign and return to school.

2. Indicate the courses for which reimbursement will be provided: _____

3. Indicate the percentage of student's tuition to be reimbursed:

___ 100% ___ 80% ___ 50% Other percentage: _____

4. Comments: _____

Signature of Authorizing Official

Title

Telephone Number

RETURN THIS FORM TO STUDENT FINANCIAL SERVICES:

La Salle University
1900 W. Olney Ave
Philadelphia, PA 19141

YOUR GRANT CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETED AND RETURNED FOR EACH SEMESTER IN WHICH THE STUDENT IS PART-TIME.