

# SPRINGFIELD COLLEGE



## VALLEY HEALTH SYSTEMS, INC. (VHS) GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the VHS-employed student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ VHS Email \_\_\_\_\_

Do you have a Springfield College student ID #?    Yes    No    If yes: Your student ID # \_\_\_\_\_

Undergraduate Student    Graduate Student

Have you begun your program yet?    Yes    No    If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying?    Fall    Spring    Summer    Year \_\_\_\_\_

Location:    Boston    Springfield (Main Campus)    Online

*Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus or online.*

By signing below, I agree to allow Springfield College to release my enrollment status to my employer for the sole purpose of administering this benefit. This agreement remains in effect annually unless revoked by notifying the financial aid office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### VHS INFORMATION (to be completed by the Chief Human Resources Officer):

Beverly Fein, Vice President, Chief Human Resources Officer

575 Beech Street

Holyoke, MA 01040

(413) 534-2577

fein\_beverly@holyokehealth.com

Is the applicant a current regular employee (permanent for 20 hours or more) of VHS?    Yes    No

Chief Human Resources Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid

263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108

Email: financialaid@springfield.edu

springfield.edu/vhs