

## **CU Partners**

### **Tuition Application and Verification Form for Employees**

#### **Eligibility and Guidelines:**

- Qualified employees will receive a **15 percent tuition discount scholarship for any of the following graduate degree programs:**
  - Master of Business Administration
  - Master of Science in Nursing (Nurse Educator and Global Public Health Nursing focus areas only)
  - Master of Ministry
  - Master of Divinity
  - Graduate Certificates - Nursing Education, Global Public Health Nursing
  - Reading Endorsement
- The following graduate programs are excluded:
  - Accelerated B.A. + M.Div.
  - Doctor of Pharmacy
  - Pharm.D./M.B.A. Dual Degree
  - Master of Science in Nursing (Family Nurse Practitioner area of focus)
- Eligible candidates are full-time employees in good standing.
- This scholarship form does not guarantee admission to Cedarville University. Candidates are to complete the specific graduate admissions criteria of their graduate program of interest. Applications for graduate admission are available at [cedarville.edu/gradapply](http://cedarville.edu/gradapply).
- Accepted students must comply with all rules, regulations, policies, and standards of Cedarville University.
- Applicants are encouraged to apply for federal and/or state financial aid in accordance with applicable regulations and guidelines. For more information, please visit the financial aid website at [cedarville.edu/finaid](http://cedarville.edu/finaid).
- Employees that receive tuition discounts under the CU Partners preferred pricing agreement are not eligible for other University scholarships or discounts.

Please complete the following steps to verify eligibility:

1. Complete the top half of the CU Partners Program Verification Form, including your contact information and degree program interest.
2. Submit this form to your human resources office to verify current eligibility. Your human resources office will mail or email this form to the Cedarville University financial aid office.
3. Human Resources Professional - please mail or email the completed form to:  
**Cedarville University Financial Aid**  
*ATT: Preferred Pricing Scholarship Program*  
251 North Main Street, Cedarville, Ohio 45314  
Email: [finaid@cedarville.edu](mailto:finaid@cedarville.edu)
4. You will be notified via email from Cedarville University once your scholarship form has been accepted and processed.



## GRADUATE PROGRAMS

*This form must be submitted for each term enrolled and by the tuition payment deadline date each semester. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.*

### CU Partners

#### Preferred Pricing Scholarship Program Verification Form

#### **Student Information:**

Student ID or last 4 digits of SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Graduate Program of interest: \_\_\_\_\_

I plan to register for \_\_\_\_\_ credit hours.  Fall  Spring  Summer

Academic Year: \_\_\_\_\_

#### **Confirmation of Information:**

*By accepting this agreement with my signature below, I am confirming that the information provided is correct and I understand that my information may be shared with my employer.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* To be completed by CU Partner Human Resource Department \*\***

This is to certify that the above-named prospective student is eligible for the Preferred Pricing Partnership Scholarship provided through Cedarville University. The employee is in good standing with this company.

Name of CU Partner Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Cedarville University Financial Aid Office use only \*\***

\_\_\_\_\_ Credit Hours x \$ \_\_\_\_\_ per Credit Hour = Tuition \$ \_\_\_\_\_

\_\_\_\_\_ % of tuition scholarship x \$ \_\_\_\_\_ Tuition Total = Scholarship \$ \_\_\_\_\_

Award entered by: \_\_\_\_\_ Date: \_\_\_\_\_

To be applied toward:  Fall  Spring  Summer Academic Year: \_\_\_\_\_