



**St. Joseph's College Brookhaven Hospital Partnership Grant  
Annual Verification of Employment**

This grant has been developed for current employees of Brookhaven Hospital who are pursuing a Bachelor's degree or a Master's degree at St. Joseph's College. The award will provide a grant of up to 25% of the prevailing St. Joseph's College tuition rate to eligible students. The exact dollar amount of this grant will vary based on the amount of credits the student is taking each semester as well as the student's eligibility for other financial aid grants (Federal Pell grant, NY State TAP and APTS grants for example). These other grants will be deducted from the tuition and the 25% discount grant will be applied to remaining tuition charges. This discount applies to tuition only and does not apply to any fees the student is charged or may incur. This discount may not be combined with any other type of St. Joseph's College institutional grant/scholarship, discounted tuition (i.e. required undergraduate prerequisites for a graduate program) and is not available to students enrolled in online degree programs.

In order to be considered for this grant, interested students must complete this annual verification of employment each academic year. If you have any questions, please contact the Brooklyn Office of Financial Aid at 718-940-5700 or the Long Island Office of Financial Aid at 631-687-2600.

Applicant's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Position \_\_\_\_\_ Academic Year \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Home or Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**I have read and understand the above statements. I accept the terms and conditions of the St. Joseph's College Brookhaven Hospital Partnership Grant.**

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

**This section to be completed by the student's current supervisor or Human Resources representative**

**VERIFICATION OF EMPLOYMENT**

The above named applicant is currently an employee at Brookhaven Hospital and is eligible for the St. Joseph's College Brookhaven Hospital Partnership Grant.

\_\_\_\_\_  
Print Name and Title of Supervisor/HR Representative Phone Number

\_\_\_\_\_  
Signature of Supervisor/HR Representative Date

Return this completed worksheet to the campus you attend:  
St. Joseph's College Attn: Office of Financial Aid

Long Island Campus  
155 W. Roe Blvd  
Patchogue, NY 11772  
Fax: 631-650-2525

Brooklyn Campus  
245 Clinton Ave.  
Brooklyn, NY 11205  
Fax: 718-636-6827