

FURMAN UNIVERSITY TUITION GRANTS PROGRAM

This portion is to be completed by parent/employee

Student Information

Employee Information

Student Name: _____ Parent Name: _____
Social Security #: _____ Social Security #: _____
Birthday: _____ Full Address: _____
(mo./da./yr.)
Class Year: _____
(Freshman, Sophomore, etc.)
College/University: _____
College Address: _____
Home Telephone: _____
Work Telephone: _____
Department: _____
Anticipated Graduation Date: _____ Date Employed: _____
Academic Term: (circle one) Fall Winter Spring Summer Academic Year: _____

****ATTENTION****

This form must be completed each year for all 4-year institutions. Greenville Tech and all technical institutions must complete a new form each quarter.

Student is my: (check one) natural child _____ step-child _____ adopted child _____ legal guardian _____

Signature of Employee: _____ Date: _____

This portion is to be completed by College/University

This student has been approved for a Furman University tuition grant for the above term. Appropriate payment will be made directly to your institution after we receive your certification. Please complete and return this form as soon as possible.

- The student is registered as a regular full-time _____ or part-time _____ student. If part-time or summer session, the number of credit hours the student is taking this session: _____ hours. Number of credit hours considered to be a minimum full-time load per academic semester/quarter: _____ hours.
- The student is a candidate for a(n) _____ degree. (Associates, Bachelors, etc.)
- The student is registered for which semester/quarter? (please check only the present semester/quarter)
_____ Fall Semester OR _____ Fall Quarter
_____ Spring Semester _____ Winter Quarter
_____ _____ Spring Quarter
_____ _____ Summer Quarter _____ Other

If other, please indicate _____ Semester/Quarter Designation

_____ to _____ Inclusive Dates
(mo./da./yr.) (mo./da./yr.)

- Tuition Only (exclusive of other fees) for the student for the semester/quarter indicated \$ _____
- The remittance should be mailed to: _____
- I certify the above information is correct.

College/University	College/University
Individual and/or Office	Certifying Officer's Signature
Number/Street Address	Typed Name and Title of Certifying Officer
City/State/Zip Code	Area Code & Telephone Number Date

Furman University Approval for Payment

Approved Amount: \$ _____

Account Number: 01-0000- _____

Date

FURMAN UNIVERSITY, Personnel Department, 3300 Poinsett Highway, Greenville, SC 29613

(864) 294-2217

(864) 294-3678 - FAX