

## **Tuition Discount Form**

Student Name:	ID Number:
Address:	City, State, Zip:
Daytime number: ()	Email:
Semester of initial discount request (Examp	le: Summer 2020):
addition with other forms of institutional aid I understand receiving a discount on underg Spring semesters (no discount received during be applied to fulltime undergraduate enrolling	ition Discount is applicable to tuition only and cannot be combined in d (i.e. Fontbonne grants, scholarships, additional tuition discounts, etc.). raduate tuition is reserved for part-time enrollment during the Fall and ang Summer or on any course billed at a lower tuition rate) and will not ment (12+ credit hours per semester). It is also my understanding that an adjustment of my discount, and I assume all charges resulting in this
Student Signature	Date
Tuition Discount Program of application (sel	ect one):
Military (15% discount) - Name of Vete	eran:
Relation of Vetera	n to student (select only one): self parent spouse
I understand to obtain the Military o	discount, I must submit following piece(s) of verifying documentation:
discharge will not be considered for o	e or Discharge from Active Duty (a discharge status of dishonorable discount) t is not the Veteran OR if the military personnel is currently serving
Corporate Partnership (15% discour	nt) * Must be requested each semester:
Corporate Partner:	Employee ID #:
Name of eligible employee:	
Relationship of student to eligible employee:	
Verification of current employment (mu	ast be completed by the applicant's supervisor):
Name of Supervisor*:	Supervisor Title*:
Direct contact number*:	Supervisor signature*:
*Failure to provide any of the information li	sted above will void the request for a corporate discount.

Notify the Office of Financial Aid immediately of any change in employment. A corporate discount terminates if a student separates from the eligible company, or if a corporate partnership terminates/expires for any reason by Fontbonne University or the corporate entity.