



## Tuition Discount Form

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Fontbonne University Major: \_\_\_\_\_

Semester of Initial Discount Request (Example: Summer 2022): \_\_\_\_\_

By signing below, I acknowledge that the Tuition Discount is applicable to tuition only and cannot be combined with other forms of institutional aid (i.e., Fontbonne grants, scholarships, additional tuition discounts, etc.). I understand receiving a discount on undergraduate tuition is reserved for part-time enrollment during the Fall and Spring semesters (no discount received during Summer or on any course billed at a lower tuition rate) and will not be applied to full-time undergraduate enrollment (12+ credit hours per semester). It is also my understanding that any change in my enrollment may result in an adjustment of my discount, and I assume all charges resulting in any enrollment/tuition discount revision.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Tuition Discount Program of application (select one):

### Military:

Name of Veteran: \_\_\_\_\_

Relation of Veteran to student (select only one): Self      Parent      Spouse

*I understand to obtain the Military discount, I must submit following piece(s) of verifying documentation:*

- Form DD 214 – Certificate of Release or Discharge from Active Duty (a discharge status of dishonorable discharge will not be considered for discount)
- Veterans ID card (required if student is not the Veteran OR if the military personnel is currently serving active duty)

### Corporate Partnership:

Corporate Partner: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

### Non-Profit Organization\*:

Organization Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Organization Tax ID: \_\_\_\_\_

**\*Exclusively applicable toward the following programs: Master in Business Administration, Master in Business Administration in Accounting, Master of Management and Leadership, Master of Science in Accounting.**

**Verification of Current Employment** (must be completed by the applicant’s supervisor):

Name of Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Direct Contact Number: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

*Failure to provide any of the information listed above will void the request for a corporate discount.*