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## EMPLOYER MATCHING GRANT PROGRAM

### **PURPOSE:**

A tuition assistance package to assist eligible students.  
Basically, the program means:

- *Employer pays one-third tuition;*
- *Carroll pays one-third tuition; and*
- *Student pays one-third tuition.*

### **WHO IS ELIGIBLE:**

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Students who enroll at Carroll for at least three (3) and no more than nine (9) credits and whose employers contribute at least one-third of tuition costs are eligible for this matching grant program. Students do not need to be degree candidates at Carroll, but they must enroll for credits, not audit.

### **HOW THE PROGRAM WORKS:**

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Prior to registration *each semester*, students wishing to take advantage of this Matching grant program must either:

- 1) Present a letter to the Carroll College Business Office from the employer Verifying that the student is employed and that the employer wishes to participate in the program. Conditions specified by the employer should be included in the letter. For instance, some employers will pay more than one-third, some will not pay until the end of the semester, and some will not pay unless a certain grade is attained. The letter should be on appropriate company letterhead and should include the number of credits for which the employer will participate. OR,
- 2) Complete the special form on the backside of this letter, which includes the information requested above.

*At registration, if the student does not have the employer's contribution, the student will be expected to pay all appropriate charges. Reimbursement from the employer is the responsibility of the student.*

### **ELIGIBILITY FOR OTHER GRANTS AND SCHOLARSHIPS:**

Students participating in the Carroll College Employer Matching Grant Program are not eligible for other Carroll College Grants, Carroll College Scholarships, or Federal SEOG grants. However, they may apply for other federal financial aid.

(Rev. 6/05)



## EMPLOYER MATCHING GRANT PROGRAM

We wish to participate in the Employer Matching Grant Program offered by Carroll College. The student named below is an employee of our company.

### TO EMPLOYER:

Please provide Carroll College with the following information:

Student Name \_\_\_\_\_

Student Carroll I.D. # (if known) \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Match \_\_\_\_\_

(specify dollar amount or percentage)

Please specify any special conditions related to your participation in the Employer Matching Grant Program:

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\_\_\_\_\_  
Employer or Authorized Signature, Title

\_\_\_\_\_  
Date

For Carroll College Business Office Only:

Carroll Match \$ \_\_\_\_\_ Term/Year \_\_\_\_\_

FAO \_\_\_\_\_

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