CHRISTIAN COLLEGE EMPLOYEE TUITION DISCOUNT REQUEST FORM

TUITION DISCOUNT IS REQUESTED FOR THE FOLLOWING UNDERGRADUATE STUDENT(S):

Student’s name__________________________________________ Harding ID_____________________

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DISCOUNT QUALIFICATION:

___ Christian College Employee Discount
Awarded to unmarried dependents of full-time Christian college employees at qualifying institutions. The college must be affiliated with the Churches of Christ. One parent must have been employed there full-time at least one year prior to receiving the discount. Award amount is 50% tuition discount. Discount may not be combined with other institutional scholarships.

NOTE: All discounts are valid for a maximum of four years (eight semesters) of undergraduate education. Recipients must be enrolled full-time (at least 12 hours) each semester and maintain a GPA of at least 2.5.

PARENT AUTHORIZATION: I give my permission for Harding University to contact my employer’s authorizing person (listed on reverse side) to confirm my employment and any other pertinent information such as length of employment, job duties, rate of pay, etc.

Parent’s name___________________________________________ Date of birth___________________

Email__________________________________________________ Phone (_____)__________________

Basic job description (attach separate page if necessary):

Parent’s signature________________________________________ Date__________________________
EMPLOYER SECTION

This form is being used by the aforementioned student/parent to request a tuition discount for Harding University. Please read the description of the discount requested. If the applicant is eligible, please complete this section of the form. Thank you for your time to assist this family.

Employer (name of college) ______________________________________________________________

Address______________________________________________________________________________

City__________________________ State______ Zip____________ Phone (______)_________________

Organization website____________________________________________________________________

Employment start date________________________

Currently employed? Yes / No

Employed full-time (40 hours per week)? Yes / No

Other supporting information/comments___________________________________________________

_____________________________________________________________________________________

Authorizing person’s name (supervisor/administrator)_______________________________________

Title/role_______________________________________________________________________________

Phone (______)________________________________ Alternate phone (_____)_____________________

Email________________________________________________________________________________

Signature____________________________________________ Date____________________

If this is your first time to apply for a discount, send this form to:
Harding University, Undergraduate Admissions, Box 12255, Searcy, AR 72149-5615
Questions: 501-279-4407 or admissions@harding.edu