

Education Partners Discount

ELIGIBILITY AND GUIDELINES

- Eligible candidates are employees, their spouse, and their dependents. A dependent qualifies if they meet the definition of the IRS guidelines.
- This form does not guarantee admission to Bluffton University. Candidates are to complete the specific admissions criteria of their particular school of interest.
- Accepted students must comply with all rules, regulations, policies and standards of Bluffton University.
- Enrollment capacity may be limited. Accepted students are required to contact the specific school of interest to verify space and official starting dates.
- This 20% tuition discount cannot be combined with any other institutional aid; however, an otherwise eligible applicant may apply for and receive federal and/or state financial aid in accordance with applicable regulations and guidelines. Each student has the opportunity to choose the preferred eligible offer of financial aid.
- Bluffton University's programs that have partnerships with other schools are not included in the Education Partners program.

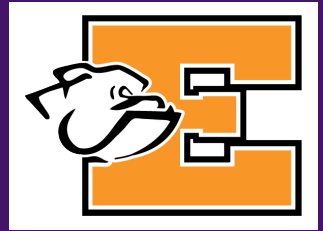
PROCEDURES

This form must be submitted no earlier than 2 months prior to the start of the academic term.

Please complete the following steps to verify eligibility.

1. Complete the form in its entirety.
2. Submit this form at the initial term, and for each academic fall year you are enrolled.
3. Obtain the appropriate signature from your HR representative or designated official.
4. Email the completed form to koenigs@bluffton.edu.
5. If you have questions, please contact Shelby Koenig, enrollment counselor:
Phone: 419-358-3684
Email: koenigs@bluffton.edu
6. If your student account is not paid in full by the published payment deadline, you will be subject to a late fee.

This form must be submitted per academic year before the final payment deadline.



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VERIFICATION FORM

STUDENT INFORMATION - REQUIRED

Name: _____
Last First Middle initial

Relationship to Elida Local Schools: Employee Spouse Dependent
 I have employer reimbursement. *Policy should be submitted along with this form.*

Preferred Email Address: _____

Preferred Phone: _____

EDUCATIONAL PLANS

Start term: _____

I plan to register for: Fall _____ Spring _____ Summer _____

Program: Bachelor's Master's

SIGNATURES

Signature of Participant Date

Employee Signature (if different) Date

***By accepting this agreement, I understand that information may be shared with my employer and that employment with Elida Local Schools is required to receive and maintain the discount.*

This is to certify that the above-named prospective student is eligible for the Education Partners Discount provided through Bluffton University. The prospective student is in good standing with Elida Local Schools.

Name of employee: _____

Signature of Joel Mengerink, Superintendent Date
 jmengerink@elida.k12.oh.us • 419-331-4155