



## EMPLOYMENT VERIFICATION FORM

Information shared on this form will only be used to verify parental full-time employment in regards to our Benedictine Stimulus Plan and our University Circle Cooperative Plan.

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Discount Plan Qualified For;

\_\_\_\_ Catholic School Employee      \_\_\_\_ University Circle Cooperative Plan

Please supply a copy of the qualifying pay stub from the months of August or September by September 30, and also a copy of the qualifying pay stub from March or April by April 30, each school year. Please forward these copies to our Business Office. This information will be verified and applied during the fourth quarter of each school year. This grant is renewable for each year. One grant per household.

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Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Department/Unit \_\_\_\_\_

Supervisor or HR Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize Benedictine High School permission to verify my employment as part of the requirements and qualifications for the above noted tuition grants.

Signature \_\_\_\_\_ Date \_\_\_\_\_