



GENEVA COLLEGE

**2022-2023**  
**Employer Tuition Reimbursement**  
**Undergraduate**

**If you will be receiving tuition benefits from your employer, please complete this form and return it with a copy of your employer's benefit policy.**

NOTE: This form is needed before your financial aid eligibility can be determined. Please provide a response for each section, or we will not be able to process the form. Please do not leave any blank lines.

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

Address: \_\_\_\_\_

Geneva Program: \_\_\_\_\_

Employer: \_\_\_\_\_

**Percent of Tuition Benefit per Term or Semester**

\_\_\_\_\_ % of tuition rate (if it can vary, please explain on the back)

**Maximum Amount per term or semester \$** \_\_\_\_\_

**What is the Timing of Your Benefit?**

Prior to Term Start? Please list approximate date: \_\_\_\_\_

End of Term? Please list approximate date: \_\_\_\_\_

Other? \_\_\_\_\_

I have reviewed Geneva's Employer Reimbursement Policy at <http://www.geneva.edu/student-financial-services/policies/financial-policies> and I understand that this form must be returned before financial aid will be offered.

I understand that I am responsible for payment of my bill, prior to the start of class.

**I have also attached a copy of my employer's benefit policy.**

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

**IMPORTANT:** Please **1)** scan this document, **2)** save it to your computer and **3)** upload it to your Financial Aid Portal (<https://finaid.geneva.edu>) using the "Upload It Now!" feature under the "Review Documents Needed & Messages" tab. This is the most secure method to send us your information. If you do not have the ability to upload your document(s), please contact Student Financial Services at 724-847-6530 or by writing to [SFS@geneva.edu](mailto:SFS@geneva.edu) for assistance.