

## 2024-2025 Diocesan Employee Family Grant Application and Verification Form

### Employment Verification

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

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

Hire Date \_\_\_\_\_

Job Status  Full Time (35+ hours/week)  Part Time (less than 35 hours/week)

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

Supervisor Certification Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

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

Relationship to Employee \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Continuing student with renewal awards check here

New students enter start date  Fall  Spring Year \_\_\_\_\_

Please return the verification form to:

Marian University  
Office of Financial Aid  
3200 Cold Spring Road  
Indianapolis, Indiana 46222