

2025-2026 St. Vincent Health 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