

Prepare to be the best.

## Community Partnership Verification Form

THIS FORM MUST BE COMPLETED EVERY SEMESTER

<u>Eligibility Requirement</u>: Employees, their spouses or dependents (age 23 or younger) of Makovicka may receive the Clarkson College Community Partnership tuition rate, if all other eligibility criteria are met.

## This form must be completed and submitted every semester.

STATE

CLARKSON COLI PLEASE PRINT FO		<b>FORMATION</b> *Complete f	orm with N/A if not a Employer name			
Name			Department name			
Home address			Department address			
	STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP	
Home phone			Department phone	2		
Preferred phone			Supervisor name			
Employee title			Supervisor title			
Employee hire						
date			Supervisor phone			
	(MM/DD/YYYY)		Supervisor signature			
Employee, if app	blicable, current emp	loyment status 🛛 🗌 Full-	time 🗌 Part-time			
MAKOVICKA EN	IPLOYEE DEPENDE	ENT/SPOUSE INFORMAT	ION			
Student Name						
Student's relatio	onship					
to employee						
			Student date of			
Student address			birth			

Program of study

INSTRUCTIONS

CITY

The following criteria must be met to be eligible for the Community Partnership Tuition Rate (see above for Eligibility Requirement):

ZIP

- 1. The employee must be employed full-time (at least .9 FTE) for at least six months or part-time (at least .4 FTE) for at least one year.
- Employee status must be maintained while a student at Clarkson College. Students must notify Student Financial Services of a change in employment status. An employee whose employment status has changed from full-time to part-time may be eligible for the Community Partnership Tuition Rate, as long as the employee has worked continuously for at least one year at Makovicka Physical Therapy.
- 3. <u>Every semester, the employee must complete this form</u>, and obtain the appropriate signatures from the supervisor, human resources representative and the student (if the student is someone other than the employee). Submit the completed form to the Clarkson College Student Financial Services office.
- 4. The student is responsible for payment of tuition and fees to Clarkson College by the tuition payment due date. Failure to comply with this payment policy may result in late payment fees.

## STATEMENT OF UNDERSTANDING

I authorize official representatives of Clarkson College to verify information provided on this verification form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program. I understand that Clarkson College may limit the number of students allowed to participate in the Makovicka Partnership program, and tuition and fees are subject to change.

## CERTIFICATION

I hereby certify that I have read this verification form. Falsification or omission of information may result in disqualification of the Community Partnership tuition rate and I am responsible for payment of tuition and fees. I agree to abide by the terms set forth in this document. I understand a change in employment status may disqualify me from the Community Partnership Tuition Rate.

EMPLOYEE SIGNATURE	DATE	STUDENT SIGNATURE	DATE
MAKOVICKA HUMAN RESOURCES SIGNATURE			DATE

Student Financial Services 101 S 42 Street Omaha, NE 68131 PH 402 552 2749

Clarkson College complies with all applicable federal, state and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status, or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. The following designated position coordinates the Clarkson College effort to comply with the regulations implementing Title IX, Section 504 and the Age Act: Vice President of Operations, Clarkson College 101 South 42 Street Omaha, Neb. 68131.