

2025-2026 SGPS Financial Aid Intention Form

Student's Full Name: _____ Student ID #: _____

SECTION A: STUDENT COMPLETES

1. Select one of the following:

I am employed and WILL seek tuition assistance from my employer .

I will NOT seek tuition assistance from my employer. ~~2025-2026 (T) 125(9-29.64) 0.5 (s) (a) 59 (c) 66 (t) 70 (a) 2054.~~

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SECTION B: EMPLOYER COMPLETES (ONLY IF RECEIVING EMPLOYER ASSISTANCE)

_____% per credit \$_____ per credit \$_____ per semester \$_____ per course	2) Time Frame Calendar Year Fiscal Year Other: _____ to _____	3) Maximum Reimbursement Amount \$_____ Annual \$_____ Semester \$_____ Per Course No Maximum
4) Qualified for Reimbursement All Courses Toward Degree Approved Courses Only	Comment(s): _____	
This employee is eligible to receive a tuition benefit/ reimbursement from this place of employment for the 2025- 2026 academic year (July 2025 through June 2026). Employer/ Company Name: _____ Employer/ Company Address: _____ _____ Representative Signature: _____ Date Signed: _____		

Once completed, please either EMAIL or MAIL this form to the OFFICE OF FINANCIAL AID

Elizabethtown College
 1 Alpha Drive
 Elizabethtown, PA 17022
 finaid@etown.edu