



Tuition Discount Alliance Program Quarterly Confirmation Form

The Alliance Program Scholarship is in the form of a 20% tuition discount for students employed or otherwise associated with an Academy College Alliance Partner.

Name	Quarter	Quarter end date
------	---------	------------------

Alliance Partner

Name of Business or Organization

Alliance Partner certification and signature:

The student named above is currently associated with our company as of the date listed above as a

- Employee
 Employee’s Immediate Family (spouse, dependent child)

Alliance Partner name (printed)	Title	Signature
---------------------------------	-------	-----------

Student certification and signature:

I understand the following:

- I must be currently associated with the Alliance Partner at the of this quarter
- I must be currently enrolled in a program leading to a certificate or degree
- I must turn this form in before the scholarship will be applied

Student Signature	Date
Campus Director Approval	Date

Office use only

Quarter code	Tuition Charge	Discount Amount	Applied to account <input type="checkbox"/>	Business Office Init
--------------	----------------	-----------------	--	----------------------