



## Partners in Education Grant Application

This grant is for individuals who are employed at any of our partner organizations. Partner organizations are companies that have a history of hiring City College graduates, provide externships for our current students, or have affiliation agreements with City College. The College will award up to 30 grants each year. For students taking 8-11 credits hours, the grant is in the amount of \$750.00 per term; and, for students taking 12 or more credit hours, the grant is for \$1,000.00 per term.

### Eligible individuals are defined as someone:

- Who has been employed for at least 1 year at the partner organization
- Who has not previously attended City College or
- Who is a prior City College graduate entering a Bachelor program for the first time

### Applicants must:

- Must complete the Partners in Education Grant application
- Be employed at one of our partner organizations for at least one year
- Be in good standing and be recommended by the site
- Provide grant approval in writing from the site

### Once the applicant has been selected for the grant by the employer, he or she must:

- Meet all entrance requirements of the program
- Be enrolled for 8 or more credits each term
- Maintain satisfactory academic progress
- Maintain continuous enrollment without interruptions

Program of Study \_\_\_\_\_ Campus Attending \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

Name of Employer \_\_\_\_\_ Employed Since \_\_\_\_\_

Yes No

- Is the employer a partner organization as defined above?
- Did your employer recommend you and provide approval letter for the college?
- \*  Have you previously attended City College?
- \*If yes, are you currently enrolling in the Bachelor program for the first time at City College?

After completing this application, bring it to the Financial Aid office on your campus.

**Please include the letter of recommendation from your employer.**

I am applying for the Partners in Education Grant

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Request

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### COLLEGE USE ONLY

Letter of recommendation from employer  Yes  No

Is the employer a partner organization  Yes  No

Enrolled as a first time student  Yes  No

Comments