SCHOOL DISTRICT DISCOUNT EMPLOYMENT VERIFICATION FORM

PROCEDURES FOR COMPLETING THE DISCOUNT FORM:
1. Please read and understand the terms and conditions of the school district discount.
2. Complete this form for **EACH** semester you are enrolled and qualify for the discount.
3. Submit the form to your **Human Resources Department** to have an **HR official** verify full-time employment.
4. Submit the form to the Financial Aid Office no sooner than two weeks before your term begins and no later than two weeks after your term has started. **Late submissions will not be honored.**

TERMS AND CONDITIONS:
- Must be FULL-TIME employee of local public or private Catholic school district
- Discount not applicable to all schools/districts
- Discount applies to 6 hrs./term ONLY
- Discount applies to tuition ONLY
- Discount applicable to OLLU courses only
- Discount is not retroactive
- Only degree seeking students with admit status of "undergraduate" or "graduate" qualify for the discount **(Discount not applicable if receiving any reduced tuition rate)**
- Doctoral students are not eligible for the discount
- Discount cannot be combined with other University funding

Contact the Financial Aid Office at (210) 434-6711 ext. 2299 if you have any questions.

STUDENT USE ONLY:

Name (Please PRINT): _____ Student ID#: _____

School District Employed at: _____

ADMIT STATUS: ( ) Undergraduate Student   ( ) Graduate Student – Master's level only

YEAR: _____ TERM: ( ) Fall   ( ) Spring   ( ) Summer

By signing below, I authorize the Financial Aid Office of Our Lady of the Lake University to verify my full-time employment status only.

Student Signature: _____ Date: _____

The Financial Aid Office will e-mail you at your Lake Account if there are any questions or concerns regarding your discount.

SCHOOL DISTRICT HR ADMINISTRATOR USE ONLY:

I hereby certify that the individual named above works for the indicated school district as a full-time employee.

Name of HR Administrator (Please Print): _____ Wk#: _____

Signature:_____ Date: _____

FINANCIAL AID OFFICE USE ONLY:

Discount Amount:

_____ Undergraduate 20%   _____ Graduate 20%   _____ National Online Program 10%

Entered by: _____ Date: _____

Revised 8/2024