

## New Student Benefit Eligibility Request

### **ELIGIBILITY REQUIREMENTS:**

Students will receive benefits as outlined in the Alliance Agreement between Ashford University and the Participating Organization after meeting all of the requirements and completing all of the steps outlined below:

1. Be currently employed by or be an active member of the Participating Organization at the time of application for admission to Ashford University.
2. Submit proof of eligibility with the application for admission by emailing one of the following to your Ashford University Admissions Counselor. Subject line must read "New Benefit Eligibility":
  - a) Copy of a paycheck stub from the Participating Organization issued within the last 30 days;
  - b) An email from the student's human resources department, or supervisor, with an officially issued email account of the Participating Organization stating the student's name, active employee/member status of the Participating Organization, and eligibility to receive the benefits outlined in the Alliance Agreement; or
  - c) Copy of a valid membership ID card from the Participating Organization.

**Attention IUPA Members ONLY:** IUPA Members must request active membership status by emailing [IUPA@IUPA.org](mailto:IUPA@IUPA.org), and provide the status confirmation email or letter as proof of eligibility.

3. Complete the required contact information below (**Note:** Students qualified for benefits through agency membership are not required to complete items d. and e. below):
  - a. Organization: \_\_\_\_\_
  - b. Employee/Member Name: \_\_\_\_\_
  - c. Employee/Member Phone Number: \_\_\_\_\_
  - d. Representative/Supervisor Name & Title: \_\_\_\_\_
  - e. Representative/Supervisor Phone Number: \_\_\_\_\_
4. Print, sign, date, and submit a copy of this New Student Benefit Eligibility Request form with all required supporting documents with the application for admission to your Ashford University Admissions Counselor.

### **Any of the following circumstances may result in the loss of benefit eligibility:**

- a. Withdrawal/dismissal from Ashford University;
- b. Break in enrollment of greater than 14 days without an approved Break Request.

\_\_\_\_\_  
**Student Print Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

For questions concerning clarification of the process outlined above, please contact your Admissions Counselor and/or your Financial Services Advisor.

**NOTE: The information you provide in the application process may be used by Ashford University for contact, verification, authentication, or other purposes as deemed necessary by Ashford University including contacting your employer or organization to confirm your eligibility.**