



NeighborHOOD Partner Program Authorization Form

Thank you for your interest in Hood College and the NeighborHOOD Partner Program. This form must be completed for each semester the student plans to enroll at Hood.

Partner Organization:	Frederick County Public Schools			
Planned Semester Enrollment (indicate year)	Fall ____	Spring ____	Summer 1 ____	Summer 2 ____
Major/Program:	_____			

Employee Name:	_____
Street:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____
<p>I understand that Hood College reserves the right to request appropriate proof of the relationship between me and any student receiving this tuition discount by virtue of my employment, including but not limited to proof of marital status and/or proof that the recipient qualifies as a dependent child in accordance with IRS regulation. My signature provides approval for Hood College to contact the employer for the purpose of obtaining or verifying any information required for this program and acknowledges the privileges and limitation of the NeighborHOOD Partners Program as outlined at www.hood.edu/NeighborHOOD:</p>	
Signature _____	Date _____

Student Name:	_____
Student ID Number (if known):	_____
Relationship to employee:	Self ____ Spouse ____ Dependent Child ____
Street:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

The employee must be employed by the partner organization no later than the first day of the semester the student intends to enroll and any employer-funded education benefits fully utilized.

____ Employment verified	____ Employer-funded education benefits utilized
____ Spouse/dependent verification	
Organization Authorizing Official	
Print name _____	
Signature _____	Date _____

For undergraduate candidates, please return completed form to admission@hood.edu.

For graduate candidates, please return completed form to gofurther@hood.edu.