



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 in which the student plans to enroll at Hood College.

Partner Organization: Frederick Chamber of Commerce

Employee Name:

Street Address:

City/State/Zip Code:

Phone Number:

Email Address:

Employer/Chamber Member: _____

I understand that Hood College reserves the right to request appropriate proof of the relationship between myself 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 regulations. 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.

Employer/Chamber Member Signature:

Date:

Student Information

Relationship to employee: Self Spouse Dependent Child

Student Name:

Student ID Number:

Street Address:

City/State/Zip Code:

Phone Number:

Email Address:

Planned Semester of Enrollment (indicate year):

Fall 20

Spring 20

Summer I 20

Summer II 20

College Level:

Undergraduate

Graduate

Major/Program:

*Note: The employee must be employed by the Chamber member no later than the first day of the semester that the student intends to enroll, and only after any employer-funded education benefits have been fully utilized.

Chamber Authorization:

Employment verified

Chamber verified

Spouse/Dependent verified

Employer-funded education benefits utilized

Authorizing Official Signature:

Date of Authorization:

Return completed form to:

admission@hood.edu for undergraduate candidates

gofurther@hood.edu for graduate candidates