



Students that are classified as Out-of-District or Out-of-State for the purposes of residency at John Wood Community College may be eligible to receive the In-District tuition rate if employed at an In-District business *at least 35 hours per week*. Verification is required by the employer and must be completed each semester for which the In-District tuition is requested.

***IMPORTANT: This form must be dated within 30 days prior to the start of courses for the term requested. Ex: Classes start August 17. Form dated between July 17 and August 16. This form must be completed each semester of attendance.***

**Student Information**

Name: \_\_\_\_\_ Student ID (J#): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Length of time employed by this business: \_\_\_\_\_ Term Attending: \_\_\_\_\_

**Employer Verification**

The student listed above is classified as an Out-of-District or Out-of-State student for the purposes of residency at John Wood Community College. As an employee of your in-district business, this student may be eligible for our in-district tuition rate *if they are employed at least 35 hours per week at your business*. There is no cost to the employer for this reduction in the tuition rate. By completing the information and signing below, you are verifying that the student listed above is currently employed by your business *at least 35 hours per week*. This form must be completed each semester of student's attendance.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number of Verifying Person: \_\_\_\_\_

Printed Name of Verifying Person: \_\_\_\_\_

Title of Verifying Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Term: _____	SFAREGS: _____