

FA Staff Initial: ____

Office of Financial Aid

216 Lela Raney Wood Hall Columbia, MO 65215 PHONE (573) 876-7106 FAX (573) 876-2320 EMAIL finaid@stephens.edu

Student Name (Last, First)				Stude	ent ID Numb	er	
2023-2	2024 Burrell Emp	oyment Verificati	ion Form				
Stephens College and Burrell Behavior for a 20% discount per credit hour in the assistance through Burrell, and a \$1,0 accepted into any undergraduate resistence confirmation of your employments.	he Master of Educatio 100 scholarship for a E dential program. Befo	on in Counseling Progr Burrell employee's spo	ram, no app ouse/depend	lication dent wh	n fee, \$10 no applies	,000 tuits and is	tion
Se	ction A: To be comp	leted by Burrell emp	loyee				
Name of Burrell Employee							
Employee's Date of Birth							
Degree/Academic Program							
Term Seeking Benefit							
I give permission to Burrell Behaviora regarding my employment status.	Health to provide the	information requested	d below to t	he Offi	ce of Fina	ıncial Ai	d
Student Signature				Date			
Section B: To be com	pleted by Burrell Bel	navioral Health Huma	an Resourc	es De	partment	:	
Is the employee named above actively employed in a full-time position?							
The Stephens College Office of Finanthe validity of the information provided		ight to require additior	nal docume	ntation	and/or co	onfirmat	ion of
I certify that all the above information	is accurate to the bes	t of my knowledge as	of this date.				
Print name and title at Burrell Behavioral Health				Telephone Number			
Signature				Date			
	FOR OFFICE OF FIN	ANCIAL AID USE ON	ILY				
Term Processed: IOBURRELL Amount Added: \$							