



Archdiocese of Chicago TUITION DISCOUNT APPLICATION

Student ID: _____

Name: _____

Address: _____

City, State, Zip: _____

Employer: _____

Title/Job Description: _____

Phone No.: _____

Term(s) plan to enroll (check all that apply)

Fall 2009

Spring 2010

Summer 2010

Program of study: _____

Courses: _____

Please Note: This form must be completed and returned to Financial Aid Services prior to the start of the semester. Forms not received before this time period will not be credited to the students account for that semester.

Authorizing Signatures

Employee's Supervisor

Title

Date

Lewis University, Vice President for Enrollment Management

Date

Financial Aid Use Only:

Fall 2009 _____

Spring 2010 _____

Summer 2010 _____

Submit to: Office of Financial Aid Services
Lewis University
One University Parkway
Romeoville, IL 60446
Fax: 815-836-5135