

**University of Saint Francis**  
**Franciscan Alliance/SPI Family Scholarship**  
**2023-2024 Application**

This scholarship provides for \$10,000 in institutional funding for the spouse and/or dependent children of benefited coworkers of Franciscan Alliance/SPI.

**Student Requirements:**

- Enroll as a full-time, undergraduate student at the Fort Wayne or Crown Point location
- Submit a valid Free Application for Federal Student Aid (FAFSA) prior to the first day of attendance each academic year
- Maintain Satisfactory Academic Progress as outlined in the University of Saint Francis Catalog

**Additional Information:**

- Cannot be used during the summer semester
- Cannot be combined with any other university tuition discount programs
- Eligible applicants will receive at least \$10,000 in financial assistance from University of Saint Francis. Funding from USF includes, but is not limited to academic scholarships, talent scholarships and need-based funding. Students who are already receiving at least \$10,000 in USF funding may not receive additional institutional funding through this scholarship program.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Name of Franciscan Alliance Coworker: \_\_\_\_\_

Applicant's Relationship to Coworker: \_\_\_\_\_

Employer: \_\_\_\_\_ City of Employer: \_\_\_\_\_

*By signing this form, I hereby agree to allow the University of Saint Francis Office of Financial Aid to verify the employment status of the coworker listed at the beginning of each semester.*

Signature of Franciscan Alliance Coworker: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*To be completed by Coworker's Human Resource Office\*\*\*\*\*

\_\_\_\_\_ I verify that the above listed coworker is a benefited coworker with Franciscan Alliance.

\_\_\_\_\_ The coworker listed above is not a benefited coworker with Franciscan Alliance.

Human Resource coworker verifying employment: \_\_\_\_\_

*Please Print*

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Authorized Human Resource Signature*

**Please return this completed form to University of Saint Francis:  
Office of Financial Aid, 2702 Spring St., Fort Wayne, IN 46808 or via email [finaid@sf.edu](mailto:finaid@sf.edu).**