

Canisius College

School of Education and Human Services

The Vincent and Harriet Palisano Foundation Catholic Educator Scholarship

Employment Verification Form

Student should complete the top portion of this form, obtain the signature of the principal or pastor, and return this form to:

Canisius College
Graduate Education Office (HO-014)
2001 Main Street
Buffalo, New York 14208

Name of Student _____

Canisius College ID# _____

Program _____

Semester (circle one) Fall Spring Summer Year _____

Signature of Student

I hereby certify that the above named student is/will be employed at our school for the upcoming/current semester.

Name of School _____
(print)

Address of School: _____

Telephone number: _____

Name of Principal or Pastor _____
(print)

Date

Signature of Principal or Pastor

(This form must be completed each semester)

For Controller's Office Use only:

Decrease Tuition by \$ _____