

**Canisius College  
Graduate Admissions**

**The Vincent and Harriet Palisano Foundation  
Catholic Educator Scholarship**

**Employment Verification Form**

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

**Kevin Smith, Bursar  
Canisius College  
Office of Student Accounts  
2001 Main St.  
Buffalo, NY 14208**

Name of Student \_\_\_\_\_

Position at School \_\_\_\_\_

Canisius College ID # \_\_\_\_\_

Academic Program of Interest \_\_\_\_\_

Semester (circle one)    Fall        Spring        Summer        Year 20 \_\_ \_\_

Signature of Student \_\_\_\_\_

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

Name of School (please print) \_\_\_\_\_

Name of Diocese \_\_\_\_\_

Address of School \_\_\_\_\_

\_\_\_\_\_

Telephone Number ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_

Name of Principal or Pastor (please print) \_\_\_\_\_

Signature of Principal or Pastor \_\_\_\_\_ Date \_\_\_\_\_

*(This form must be completed each semester)*

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**For Controller's Office Use only:**

**Decrease Tuition by \$ \_\_\_\_\_**