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)

For Controller’s Office Use only: Decrease Tuition by $______________