

**Carlow University**  
**Diocesan Discount Request Form**

Carlow University offers a tuition discount to students who are full-time teachers or principals at schools located in the Diocese of Pittsburgh. This Diocesan Discount provides a fifty-percent reduction of tuition each semester. The discount is not applicable to doctorate level programs and only one Carlow University degree may be earned under this reduced tuition policy. This form must be submitted to the Financial Aid Office prior to the semester for which you are requesting the discount and a new form must be submitted each semester. The discount will not be applied retroactively. Your employment verification (below) must be completed by the school principal or appropriate school administrator. Mail, fax or email your completed form to the Financial Aid Office prior to the start of the semester.

**Part One – Student Information**

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

Class Level     Undergraduate     Graduate

Major or Program \_\_\_\_\_

Number of credits planned \_\_\_\_\_

Applicable Semester/Year     Fall     Spring     Summer    Year 20 \_\_\_\_\_

Name of school where you are a teacher or principal \_\_\_\_\_

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

School is located in the Diocese of Pittsburgh     Yes     No    Employment Status     Full-Time Teacher     Principal

**Student Certification**

I confirm that I am a full-time teacher or principal at the school indicated above. I agree to notify the Financial Aid Office at Carlow University if my employment status changes. I understand that this form is applicable to one semester, also indicated above, and that a new form must be submitted prior to each semester in which a discount is requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part Two – Employment Verification**

I verify that the student named above is a full-time teacher or principal at a school located in the Diocese of Pittsburgh. I agree to notify the Financial Aid Office at Carlow University if the student's employment status changes.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to the Financial Aid Office at Carlow University  
3333 Fifth Avenue  
Pittsburgh, PA 15213  
Fax 412-578-6401  
finaid@carlow.edu

<i>Office use only:</i> Tuition _____ Award _____ Date _____
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