

# The College of Saint Rose

## Albany, New York

### Tuition Discount Application for Hannaford Bros. Co., LLC Employees

Students enrolled in an undergraduate or graduate program at The College of Saint Rose, who are employed by Hannaford Bros. Co., LLC, are eligible for a 20% tuition discount for courses taken at The College of Saint Rose. This application, including employment verification, must be completed and submitted by the student or by the student's employer each semester to the Bursar's Office. The tuition discount applies towards tuition only, and may not be combined with other College-sponsored tuition discount programs and/or aid. This discount applies only to the current semester, and will not apply to any prior or future semesters. The discount does not apply to students registered in the CAS Special Education or TESOL programs.

This form must be completed each semester, and must be submitted by the semester payment due date. If an application is submitted after the payment due date, any late payment fees which may have been assessed will not be waived. This form will not be accepted more than ten days after the first day of classes. This form must be submitted electronically to [bursar@strose.edu](mailto:bursar@strose.edu).

Any questions regarding this discount application may be directed to The College of Saint Rose Bursar's Office, at (518) 458-5464, or to [bursar@strose.edu](mailto:bursar@strose.edu).

---

(Student should complete this section)

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

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Semester/Year

\_\_\_\_\_  
Employer

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

\_\_\_\_\_  
Date

---

(Student should have their Human Resources Office complete this section)

\_\_\_\_\_ is currently an employee of \_\_\_\_\_.  
(Name of Student) (Name of Employer)

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Human Resources Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

---

(For Office Use)

Form Receipt Date    Initials

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount