



**Financial Aid Office**  
**Refer-A-Friend Grant Request Form**

The Providence “Refer-A-Friend” grant serves to encourage current Providence students to in turn encourage friends and family members to enroll in the college. In order to receive this grant, students must document the capacity in which they know the student and the manner in which they influenced that student to attend Providence. The student recruit must enroll for two consecutive semesters in order for the Providence student to receive the \$250 grant.

*Please complete the form below and submit it to the financial aid officer.*

Date	Student ID #	
Last name	First name	MI

*Student who you influenced to attend Providence:*

Last name	First name
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*In what capacity do you know this person?*

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*In a short paragraph (4-5 sentences), explain how you directly influenced this person to attend Providence. You may use the back of this page if you need more space.*

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By signing below, I certify that the information provided above is true.

Student Signature	Date
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Last revised: 1-23-08

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Initial: \_\_\_\_\_

If rejected, why? \_\_\_\_\_

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