

Argonne National Laboratory
Northwestern University Scholarship Assistance

Employment Verification Form

Name of Applicant: _____

Home Address: _____
(street) (city and state) (zip code)

Mailing Address (if different than above): _____

Name of Parent Employed by Argonne: _____ Badge No.: _____

Division/Department in Which Parent is Employed: _____

Building/Room Location: _____ Extension: _____

I hereby apply for Northwestern University scholarship assistance. I understand that scholarship assistance is awarded for a single year, but may be renewed subject to my remaining in good academic standing at Northwestern University.

Signature of Student

Date

Please return this to:

Shari Knight
Argonne National Laboratory
Communications, Education and Public Affairs (CEP)
Building 360, Room F-101

I certify that according to Argonne National Laboratory records, the above-named parent of _____ is a full-time employee of Argonne National Laboratory.

Meridith A. Bruozas
Educational Programs

Date