

The Graduate School  
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## Employer Verification Form

BU ID # \_\_\_\_\_ Program \_\_\_\_\_

This will serve to verify that

Name: \_\_\_\_\_  
Surname/Family/Last      Given/First      Middle      Maiden/Other

is a full-time employee of

\_\_\_\_\_  
Name of Participating Company or School District and District Number

Company or School Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Human Resource Director (or equivalent) or Principal or Superintendent (Name Printed)

Signature (Required) \_\_\_\_\_

Human Resource Director (or equivalent) or Principal or Superintendent

Complete this form and return it to the Graduate School via e-mail or through U.S. Postal Service.  
This form is required of all first-time recipients and annually thereafter.

Please check one:

Employee Development Scholarship

Professional Educators Scholarship