



Office of Financial Aid

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Student Name (Last, First)	Student ID Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

2026-2027 Burrell Employment Verification Form

Stephens College and Burrell Behavioral Health confirmed a partnership in 2019. Qualified Burrell employees are eligible for a 20% discount per credit hour in the Master of Education in Counseling Program, no application fee, \$10,000 tuition assistance through Burrell, and a \$1,000 scholarship for a Burrell employee's spouse/dependent who applies and is accepted into any undergraduate residential program. Before Stephens College can provide any of the above benefits, we require confirmation of your employment status each term.

Section A: To be completed by Burrell employee

Name of Burrell Employee	
Employee's Date of Birth	
Degree/Academic Program	
Term Seeking Benefit	

I give permission to Burrell Behavioral Health to provide the information requested below to the Office of Financial Aid regarding my employment status.

Student Signature

Date

Section B: To be completed by Burrell Behavioral Health Human Resources Department

Is the employee named above actively employed in a full-time position?	
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The Stephens College Office of Financial Aid reserves the right to require additional documentation and/or confirmation of the validity of the information provided.

I certify that all the above information is accurate to the best of my knowledge as of this date.

Print name and title at Burrell Behavioral Health

Telephone Number

Signature

Date

FOR OFFICE OF FINANCIAL AID USE ONLY

Term Processed: _____
IOBURRELL Amount Added: \$ _____
FA Staff Initial: _____