



Contract Pricing Benefit Form

As an employee of _____ you are currently eligible for a contract pricing benefit rate determined by the contract currently held between your company and Hondros College of Nursing.

In order to obtain and sustain these benefits you will be required to provide a pay stub dated within the last 30 days, on a quarterly basis, prior to the start of each term. If you are unable to provide a current pay stub prior to the start day of each term, you will forfeit your contract pricing benefit, and will be subject to the current tuition rate*.

By signing below you are confirming that you are currently employed at _____, and are acknowledging your responsibility to provide proper documentation on a quarterly basis to be able to maintain these benefits.

Printed Name

Signature

Date