LOYOLA UNIVERSITY MARYLAND

— 1852 —

Scholarship Application
For The Archdiocese of Baltimore
Catholic School Teachers and Administrators

EMPLOYMENT VERIFICATION FORM

Employee Name: _____**Date:** _____

Loyola ID Number: _____

Provide the Name of Your School:_____

Provide the Current Position of the Loyola Student: _____

Date of Employment: _____

☐ **I certify that the person mentioned above is a full-time employee at my school.**

Name of your Principal or Assistant Principal: _____

Email Address: _____

Signature of Recommending School Administrator: _____

Signature

This form should be uploaded to the student application.

Questions:
Please submit all questions to Tonya M. Lewis, Director of Undergraduate and Graduate Programs at tlewis@loyola.edu