



**University of the Incarnate Word  
 School of Professional Studies  
 2025-2026 Methodist Healthcare Ministries  
 Tuition Discount Program Form**

4301 Broadway Street  
 CPO #294  
 San Antonio, TX 78209  
 Phone: (210) 757-0202  
[eadapply@uiwtx.edu](mailto:eadapply@uiwtx.edu)  
[sps.uiw.edu](http://sps.uiw.edu)

Revised 02/2025

**STUDENT INFORMATION:**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Student's UIW ID \_\_\_\_\_

**Student's Relationship to Methodist Healthcare Ministries Employee:**

Self (Methodist Healthcare Ministries Employee)  Dependent of Employee

**METHODIST HEALTHCARE MINISTRIES EMPLOYEE INFORMATION:**

Employee's Last Name \_\_\_\_\_ Employee's First Name \_\_\_\_\_ Employee's Telephone Number \_\_\_\_\_

**1) Employee's Employment Status:** Methodist Healthcare Ministries Employee must be in a regular, full-time work status before the first day of classes for the semester or term. Indicate your current status with the Methodist Healthcare Ministries:

Full-Time  Part-Time

**2) Employment Verification:** The UIW School of Professional Studies will verify your employment status directly with Methodist Healthcare Ministries. To confirm your employment, please provide your employee ID number below:

**3) Employee's Methodist Healthcare Ministries Employee ID Number:** \_\_\_\_\_

**4) Initial the following statement to allow UIW to request your employment status from the Methodist Healthcare Ministries.**

\_\_\_\_\_ I authorize Methodist Healthcare Ministries to release information to UIW regarding the status of my employment.

**STUDENT ACKNOWLEDGEMENT: Provide your initials next to each statement to indicate your understanding.**

\_\_\_ The Methodist Healthcare Ministries Tuition Discount Program Form must be submitted to the UIW School of Professional Studies and the Methodist Healthcare Ministries employee's employment status will be verified upon receipt.

\_\_\_ The Methodist Healthcare Ministries Tuition Discount applies to tuition only; it does not include any other fees/charges. Tuition may be discounted regardless of part-time or full-time status, in any semester/term during the academic year.

\_\_\_ The discount applies to undergraduate & graduate courses which are available through the School of Professional Studies (online only). The discount is not applicable to certificate, professional or doctoral programs.

\_\_\_ Eligibility to apply for and receive financial aid is not affected by this agreement.

\_\_\_ The tuition discount per student account under the Methodist Healthcare Ministries Tuition Discount Program may not be stacked or cumulated with UIW and UIWSPS funded discounts or scholarships in any term and shall not be applied retroactively. External scholarships or financial assistance are permissible pending financial aid review and approval.

**Your signature verifies that you understand and accept the policies outlined in this form.**

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sponsoring Employee (Required for dependents of employees)

\_\_\_\_\_  
 Date

The Methodist Healthcare Ministries Tuition Discount Program Form must be submitted to the School of Professional Studies via e-mail ([eadapply@uiwtx.edu](mailto:eadapply@uiwtx.edu)), mail (4301 Broadway Street CPO #294, San Antonio, TX 78209) or in office for consideration.