Preliminary Application for Tuition Exchange Scholarship

Faculty and staff members with dependents planning to attend another college or university under the Tuition Exchange program must complete this form.

Eligibility to apply for a TE scholarship is determined by our institution's policy. However, certification of eligibility *does not* guarantee acceptance at the other institution. Member institutions generally are able to offer only a limited number of TE scholarships. Accordingly, the application process should be instituted in a timely manner.

TO BE COMPLETED BY PA	<u> RENT/EMPLOYEE</u>	
NAME:	PHONE NUMBER:	
	DEPARTMENT:	
FACULTY RANK OR STAFF P	OSITION:	
SIGNATURE:	EMAIL:	·····
TO BE COMPLETED BY AP	PLICANT (STUDENT)	
NAME:	LAST 4 OF SS#	DATE OF BIRTH:
PHONE NUMBER:	EMAIL:	
ADDRESS (IF DIFFERENT FRO	OM ABOVE)	
	GE(S) OR UNIVERSITIES TO WHICH YOU V	
	4/2025 academic year, what grade level	
College Freshman ☐ Sop	homore Junior Senior	
Does your student currently	y attend the college to which they are ap	pplying? Yes □ No □
Did your student receive a	TE scholarship in any prior year? Yes \Box	No □
If "yes", at what co	llege/university did you receive the scho	larship?
	•	ptance by the target/host institution, of ure to provide such information may result in
	MAN RESOURCES OFFICE: blicy, this student is eligible.	
Human Resources Signatu	ure	Date

^{*}Return to Rudy Arciniega, Human Resources Office