

Application for Tuition Exchange Scholarship Grant

employee information:			•		
			employee group:		
name		□ Administrative□ AFSCME□ Non-Barg Support		date of hire □ FT □ PT	
Social Security number				phone ext	
employee e-mail address					
student information:					
пате		TE grant approval is available only for full-time, undergraduate study. Please write "YES" below to confirm student plans full-time undergraduate study. beginning semester/year(for TE):			
Social Security number				date of birth	
address					
city-state-zip					
phone					
student e-mail address					
earlier external grant(s) to your child(ren) - Rider remission or Tuition Exchange (please attach additional sheet if necessary):					
child's name dates		where?		TE or Rider?	
school(s) desired to attend (please attach additional	ul sheet if necessar	ry):			
name of school	applying, acce already enrolle	pted, or ed?	as freshman, sophomore, junior, senior?		

employee certification:	
I certify that all statements made on this application are true and fa information (misrepresentation or omission of information) may be I acknowledge that acceptance for study and the award of Tuition determined solely by the receiving institution.	e the basis for disqualification.
signature of employee	date