

**SAINT JOSEPH'S COLLEGE**  
**PRELIMINARY APPLICATION FOR A TUITION EXCHANGE SCHOLARSHIP**  
**Academic Year 2025-2026**

(This form must be completed by the employee and returned to the Office of Human Resources by **October 18, 2024.**)

Eligibility to participate in the TE or CIC scholarship program is determined under Guidelines adopted by the College (copies are available in the Human Resource Office). Certification of eligibility of an employee's dependent does not guarantee acceptance into the TE/CIC program of the institution the applicant seeks to enter. Member colleges are generally able to offer only a limited number of TE/CIC scholarships. Accordingly, the application process should be initiated in a timely manner.

Name of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Student Applicant:\*** \_\_\_\_\_

**Last 4 Digits SSN\*:** XXX-XX- \_\_\_\_\_ **Relationship to Employee:** \_\_\_\_\_

**Student Date of Birth\*:** \_\_\_\_\_

**Student E-mail\*:** \_\_\_\_\_

**Telephone\*:** \_\_\_\_\_

Address (if different from above)\* \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

At the beginning of the next Academic Year the applicant will be a: Freshman \_\_\_\_\_ Junior \_\_\_\_\_  
 Sophomore \_\_\_\_\_ Senior \_\_\_\_\_

Has the applicant held a TE or CIC scholarship in any prior year? TE YES NO  
 CIC YES NO

If "Yes" name of College or university attended \_\_\_\_\_

If "Yes" year(s) that TE or CIC scholarship was held \_\_\_\_\_

**Office Use only**

Approved \_\_\_\_\_ Date \_\_\_\_\_

Academic Year \_\_\_\_\_

**\* REQUIRED INFORMATION**

**Please list the institution to which you would like Tuition Exchange Certification letters sent.**

Name and State of TE institutions applying to:

Requested date of admission

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Name and State of CIC institutions applying to:

Requested date of admission

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