SAINT JOSEPH'S COLLEGE
PRELIMINARY APPLICATION FOR A TUITION EXCHANGE SCHOLARSHIP
Academic Year 2026-2027

(This form must be completed by the employee and returned to the Office of Human Resources by ***October 17, 2025.)***

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 instititution to which you would like Tuition Exchange Certification letters sent.

Name and State of TE institutions applying to:	Requested date of admission

Name and State of CIC institutions applying to:	Requested date of admission