

SUFFOLK UNIVERSITY

Preliminary Application Form for a Tuition Exchange (TE) Scholarship

(Must be submitted to the Tuition Exchange Liaison Officer in Human Resources by December 1st to be considered for a TE Scholarship for the following academic year.)

Employee Name _____

Title _____ Department _____

Date of [full-time] employment _____

Is this a ___ NEW or ___ RENEWAL application?

Dependent Child:

(Student Name) _____ Date of Birth _____

Student SSN: _____ Home Phone Number: _____

Home Address: _____

Host Institution(s) to which the Dependent is applying:

Institution Name:

City, State:

Year of the Student next September: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Is the student: ___ Already Enrolled? ___ Applying for Admission/Newly Admitted?

Has anyone in the employee's immediate family ever received a Tuition Exchange Scholarship through Suffolk University before? ___ YES ___ NO

I certify that all of the above information is true to the best of my knowledge. I understand that completion of this form in no way guarantees receipt of a TE Scholarship. I understand that selection for a TE Scholarship is based on guidelines listed in the Suffolk University Export Policy and upon guidelines of the Host Institution.

Employee Signature _____ Date _____