



Tuition Exchange Scholarship Application

(This form must be completed and returned to Human Resources by **October 31, 2025**)

Eligibility to participate in the Tuition Exchange Scholarship Program is based on guidelines adopted by Seton Hall University. Certification of eligibility of the faculty, administrator, or staff member does not guarantee acceptance into the institution to which the eligible dependent applies. For more information, please click the following link:

Tuition Exchange Scholarship Program

Employee Information

Name of Employee _____ SHU ID _____

Address _____

Date Employed _____ ☐ Full-time ☐ Part-time Phone _____

Department _____ ☐ Faculty ☐ Staff ☐ Administrator

Dependent Information

Name of Eligible Dependent Child _____

Soc. Sec. Number _____ Date of Birth _____

Address (if different from above) _____

Phone _____

Student E-Mail _____

List Tuition Exchange Schools Applying To. (10 School limit. Please use additional sheet, if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____

At the beginning of the next academic year (2026-2027) the eligible dependent will be a college:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Has applicant held a Tuition Exchange scholarship in any prior year? ☐ Yes ☐ No

If "Yes,"

is this an application for a ☐ New or ☐ Renewed Tuition Exchange scholarship?

if renewed, what is the name of the college or university attended _____

and what year(s) was the Tuition Exchange scholarship held _____

Has any other eligible dependent been the recipient of a Tuition Exchange Scholarship? ☐ Yes ☐ No

Employee Signature: _____ Date: _____

NOTE: Human Resources must be notified immediately if the eligible dependent withdraws, is suspended, or takes a leave of absence.