



Tuition Exchange Scholarship Application

*(This form must be completed and returned to Human Resources by **October 30, 2020.**)*

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.

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 _____

At the beginning of the next academic year (2021-2022) 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.*