



WWW.TUITIONEXCHANGE.ORG



APPLICATION TO PARTICIPATE
IN THE TUITION EXCHANGE, INC. PROGRAM FOR 2024-2025

DEADLINE FOR RETURN: **Wednesday, Octo/5(E)5.4 (F)-2.5 (O)-4.1 (R R)-11.9 (E)5.3 (T)-2.4 (U)**

EMPLOYEE INFORMATION

Employee's Name: _____		
Ext.: _____	E-mail: _____	
Home telephone Number: _____		Full-Time Date of Employment _____
Full-Time Years of Service as of 9/1/24 _____		
Have you received a Tuition Exchange, Inc. scholarship in the past?	Yes	No
If Yes, please indicate dates when scholarship was utilized _____		

STUDENT INFORMATION

Student's Name: _____

Student's Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Relationship to Employee: _____

Student's Permanent Home Address: _____