



RECERTIFICATION APPLICATION - TUITION EXCHANGE PROGRAM

FOR 2025-2026

DEADLINE FOR RETURN: Friday, October 18, 2024

EMPLOYEE INFORMATION

Employee's Name: _____
Ext.: _____ E-mail: _____
Home Telephone Number: _____

STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Student's Social Security Number: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Student's Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Student's Home Telephone Number: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

Name of institution that student will be attending through the Tuition Exchange program in 2025-2026:  
\_\_\_\_\_

Type of scholarship awarded: Tuition Exchange, Inc.  
 (Please check only one) Council of Independent Colleges

Student's Anticipated College Graduation Date: \_\_\_\_\_ t a \_\_\_\_\_  
 niversity Benefits  
 Goldstein Academic Center  
 Pleasantville Campus

\_\_\_\_\_ Date