TUITION EXCHANGE PROGRAM APPLICATION

Section 1: Employee Information

Name _____ College/Department _____

Position Title _____ Email _____

Campus Address _____ Campus Phone _____

Home Address _____ Home Phone _____

University ID (Look up) _____

Certification of seven years of full-time employment by HR Officer:

Begin date in HR record _____

Name/Title Signature Date

Section 2: Student-Applicant Information

Name _____ Birth Date _____

Last four digits of SSN _____ Student Email _____

Home Address _____ Home Phone _____

Applying as Select

Does this child qualify as your eligible IRS tax dependent? Select (If no, then you are not eligible for application.)

This application must be accompanied by three years of IRS forms that will be used to verify student dependent status.
In the event that it is necessary to break a tie for eligibility, you will be asked to submit a FAFSA financial aid form.

Section 3: Host Institutions

Names of college/university to which student is applying:

	TEP College/University	Applied?		Non-TEP College/University	Applied?
1.		Select	1.		Select
2.		Select	2.		Select
3.		Select	3.		Select
4.		Select	4.		Select
5.		Select	5.		Select

Is this student applying to Drexel? Select

I have provide complete and accurate information on this application in accordance with the Tuition Exchange Program.
I understand that the Tuition Exchange Program provides only access to scholarship and is not a guarantee of a scholarship.
I understand any inaccurate information may adversely affect access to the Tuition Exchange Scholarship Program.

Signature of Employee: _____ Date: _____

Return complete forms along with a $35 check (application fee) made payable to Drexel University to:
Taba Wilcox, Associate Consultant: 3201Arch St, Ste 430