

SOUTHWESTERN UNIVERSITY

Tuition Exchange Program and Faculty/Staff Scholarship Application

INSTRUCTIONS: All applicants must complete sections A and E. Applicants should complete other appropriate sections as indicated in Section A. Tuition Exchange applicants should also begin the admission application process at their colleges of interest separate from this process. Faculty/Staff Scholarship applicants should contact the Office of Admission at extension 1200 to begin the admission application process to Southwestern University separate from this process.

IMPORTANT NOTES:

1. The Tuition Exchange Program is for eligible individuals who enroll at a participating institution other than Southwestern University, while the Faculty/Staff Scholarship Program is only used for eligible individuals who enroll and are admitted into Southwestern University.
2. Please refer to the Employee Tuition Assistance Policy in the Faculty and Staff Handbooks for complete eligibility information.
3. Employees applying for benefits for their domestic partner or their domestic partner's eligible dependents must complete the necessary documents under the Domestic Partner Benefit Policy prior to this application being processed. Documents are available in the Human Resources department.
4. Eligibility for this benefit is determined by the Human Resources department prior to and separate from the financial aid and admission processes.
5. For the purposes of this Application, the terms "spouse" or "dependent" may be interpreted to include same-sex domestic partners.
6. Employees applying for spouse or dependent benefits must submit a copy of the latest Form 1040 along with this application form showing dependent status or provide other documents to confirm bona fide dependent status in accordance with the Employee Tuition Assistance Policy.

SECTION A - EMPLOYEE INFORMATION

Name of Employee: _____ Social Security Number: _____

Date of Hire/Re-Hire: _____ Full Time: _____ Part Time (%): _____

Home Address: _____

Home Phone Number: _____ On-campus extension: _____ SU E-mail: _____

I am applying for the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Tuition Exchange Scholarship for myself
(Complete Section C) | <input type="checkbox"/> Faculty/Staff Scholarship for myself
(Complete Section D) |
| <input type="checkbox"/> Tuition Exchange Scholarship for my spouse
(Complete Sections B & C) | <input type="checkbox"/> Faculty/Staff Scholarship for my spouse
(Complete Sections B & D) |
| <input type="checkbox"/> Tuition Exchange Scholarship for my or my spouse's
bona fide dependent (Complete Sections B & C) | <input type="checkbox"/> Faculty/Staff Scholarship for my or my spouse's bona
fide dependent (Complete Sections B & D) |

SECTION B – GENERAL DEPENDENT INFORMATION

Name of Student Applicant: _____

Student Social Security Number: _____ Relationship to Employee: _____

Address (if different from above): _____

Telephone: _____ E-mail: _____

SECTION C - TUITION EXCHANGE SCHOLARSHIP INFORMATION

List the name(s) of the Tuition Exchange colleges or universities where you wish to have a Tuition Exchange request submitted for you:

(continued on back page)

The student is currently a:

Sophomore in High School Junior in High School Senior in High School

Freshman in College Sophomore in College Junior in College Senior in College

Has the student previously held a Tuition Exchange Scholarship? Yes No

If "Yes" is this an application for a new Tuition Exchange scholarship or renewal?

Name of college or university attended: _____

Year(s) that Tuition Exchange scholarship was received: _____

Note: Students must notify the Tuition Exchange Liaison Officer of acceptance by the host institution, and of enrollment, withdrawal, or suspension at that institution.

Semester and year in which student plans to start college: Fall Spring Year: 20_____

Planned Enrollment Status: Full Time Part Time (Number of hours: _____)

SECTION D – FACULTY/STAFF SCHOLARSHIP INFORMATION

Semester and year in which student plans to enroll: Fall Spring Both Year: 20_____ - 20_____

If student is currently a senior in high school, has he/she applied for Admission to Southwestern? Yes No

Planned Enrollment Status: Full Time Part Time (Number of hours: _____)

SECTION E – SIGNATURE

Please sign this application and return it to the Financial Aid Office. If you are applying for a spouse, or dependent, please submit proof of dependency documentation (such as a copy of the previous year's tax return) along with this application. Questions regarding dependency documentation may be directed to the Human Resources department at extension 1435.

Upon submission of a completed application and appropriate supporting documents, the Financial Aid Office will contact the Human Resources department to certify eligibility for this benefit.

TUITION EXCHANGE APPLICANTS: Upon certification of the employee's eligibility for this benefit, the Financial Aid Office will submit the appropriate Tuition Exchange application information to each college indicated. Each college will notify the applicant of the acceptance or denial of the Tuition Exchange scholarship. Eligibility to participate in the Tuition Exchange Scholarship Program is determined by the guidelines adopted by Southwestern University. Certification of eligibility in the Tuition Exchange Program does not guarantee acceptance into the Tuition Exchange Program of the institution the applicant seeks to enter. Tuition Exchange member institutions typically offer only a limited number of Tuition Exchange scholarships.

Your signature below authorizes the Financial Aid Office to release your information to the colleges indicated in Section C.

FACULTY/STAFF SCHOLARSHIP APPLICANTS: Applicants must be approved for admission to Southwestern in order to receive this scholarship. Questions regarding the admission application process may be directed to the Admission Office at extension 1200. Upon admission to Southwestern and certification of eligibility for this benefit, the Financial Aid Office will award the scholarship to the applicant (or dependent student) in an amount based on the information provided in Section D.

I certify the information indicated on this application to be true and correct.

Signature: _____ Date: _____

*Eligibility Determination to be completed by the **Human Resources Department***

Eligible Ineligible FT ¾ Domestic Partner Documents Complete

Explanatory note: _____

By (Name/Title): _____ Date: _____