



**Tuition Exchange Scholarship Application**

*(This form must be completed and returned to Human Resources by October 31, 2023)*

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 \_\_\_\_\_

List Tuition Exchange Schools Applying To (*10 School Limit*) State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At the beginning of the next academic year (2024-2025) 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.*