

**TUITION EXCHANGE SCHOLARSHIP  
PRELIMINARY APPLICATION**

Return this form to Shane Ciccarelli (Bates House) before **October 1**. Full time faculty and staff members with dependents planning to attend another college or university under the Tuition Exchange (TE) program should complete this form. This “preliminary application” is needed to trigger the more complex inter-institutional application process. Eligibility to apply for a TE scholarship is determined by University of Hartford Policy. Priority will be determined based upon service in contrast to other applicants. Certification of eligibility does not guarantee acceptance at another institution nor does it guarantee priority over other applicants. Member institutions generally are able to offer only a limited number of TE scholarships. Accordingly, the application process should be initiated in a timely manner.

**TO BE COMPLETED BY PARENT/EMPLOYEE:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty (  )                      Staff (  )

**TO BE COMPLETED BY STUDENT/APPLICANT:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of colleges/universities to which you plan to apply: \_\_\_\_\_

At the beginning of next academic year you will be a ...  
high school senior (  ), college freshman (  ), sophomore (  ), junior (  ), senior (  )

Did you hold a TE scholarship last year or in any other prior year? Yes (  ) No (  )

If “Yes,” is this an application for a NEW (  ) or RENEWED (  ) scholarship?

If “Yes,” name the institution where you held the scholarship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Students must notify Shane Ciccarelli (ext. 4062), our Tuition Exchange Liaison Officer, of acceptance by the target/host institution, of enrollment at that institution, or of withdrawal or suspension. FAILURE TO PROVIDE SUCH INFORMATION MAY RESULT IN LOSS OF TE SCHOLARSHIP ELIGIBILITY.

**DEAN OR DEPARTMENT HEAD REVIEW:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_