



Regular full time faculty and staff members with an eligible dependent planning to attend another college or university under the Tuition Exchange (TE) program must complete this Preliminary Application. This Preliminary Application is necessary to trigger the formal application process between the University of Hartford and TE member institutions. Please review the **Policy for the University of Hartford Tuition Exchange Program** for complete details on this scholarship program. Signature(s) on the Preliminary Application constitute consent to the terms of the University of Hartford's TE program.

Eligibility to apply and be certified for a TE scholarship is determined by University of Hartford Policy. Certification of eligibility for the TE program does not guarantee acceptance at another TE member institution nor does it guarantee priority over other applicants. Additionally, acceptance of admission at a TE member institution does not guarantee receipt of a TE scholarship. TE 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.

All information on this form must be complete and accurate. The Preliminary Application must be submitted to Shane Ciccarelli, Associate Director of Admission & Student Financial Assistance and TE Liaison Officer, Bates House, no later than October 1st to be considered for the TE program. Preliminary Applications received after October 1st will not be considered.

TO BE COMPLETED BY FACULTY/STAFF MEMBER (ELIGIBLE EMPLOYEE):

Last Name: _____ First Name: _____

Campus Phone Number: _____ Email: _____@hartford.edu

Campus Address: _____

Faculty/Staff Member Signature: _____ Date: _____

TO BE COMPLETED BY STUDENT/APPLICANT (ELIGIBLE DEPENDENT):

Last Name: _____ First Name: _____

Social Security Number: _____ *(required by Tuition Exchange for formal application process)*

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

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 "RENEWED," name the member institution where you held the TE scholarship: _____

Academic year for which you are seeking a TE scholarship: _____

At the start of the above academic year I will be a college freshman (), sophomore (), junior (), senior ().

Complete name(s) & states of member institutions to which you plan to apply (incomplete/inaccurate names will not be submitted):

Name _____ State _____

Name _____ State _____

Name _____ State _____

Additional Schools can be listed on the back of this application.

Student/Applicant Signature: _____ Date: _____

NOTE: It is the responsibility of the eligible dependent to notify the University of Hartford's TE Liaison Officer, at 860.768.4062 or ciccarell@hartford.edu, of acceptance by a member institution of enrollment or withdrawal or suspension. **FAILURE TO PROVIDE SUCH INFORMATION MAY RESULT IN LOSS OF TE SCHOLARSHIP ELIGIBILITY.**