

TUITION EXCHANGE PROGRAM APPLICATION

(Please Print)

DEADLINE FOR RETURN: December 9

This application is for college enrollment in _____ semester/year.

I. Employee Information

Name of full-time employee: _____ Home tel.: _____

Department: _____ Ext.: _____

Email address: _____

Home address: _____

Date full-time employment at Iona began: _____

II. Student Information

Name of Dependent student applicant: _____

Student's social security number: _____ - _____ - _____ Student's tel.: _____

Student email address: _____

Student's home address (if different): _____

Name of high school or college at which the applicant is currently enrolled: _____

Year of enrollment next September: Freshman ____ Sophomore ____ Junior ____ Senior ____

NOTE: *Please attach a copy of the student's most recent high school transcript and SA/ACT score report*

Tuition Exchange Colleges/Universities To Which Student Will Apply: *(limit five)*

College/University	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this program is open only to dependent children of full-time employees who meet the program guidelines. I hereby affirm that the child listed on this application is my dependent. I certify that all of the above information is true to the best of my knowledge. I understand that completion of this form in no way guarantees receipt of a TE Scholarship. I understand that selection for a TE Scholarship is based on guidelines listed in the Iona College Policy and the guidelines of the Host Institution.

Employee Signature: _____ Date: _____

Student Signature: _____ Date: _____

(Complete this form and return it by the deadline to Mary A. Grant, Director of Financial Aid, McSpedon Hall.)