

**GETTYSBURG COLLEGE**

**PRELIMINARY APPLICATION FOR A TUITION EXCHANGE (TE) SCHOLARSHIP**

(This form must be completed by Employee and returned to the TE Liaison Officer)

Eligibility to participate in the Tuition Exchange Scholarship Program is determined under guidelines adopted by the College. Certification of eligibility of the employee does not guarantee acceptance into the TE program of the institution the applicant seeks to enter. Member colleges are generally able to offer only a limited number of TE scholarships. Accordingly, the application process should be initiated in a timely manner.

Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

Campus Extension \_\_\_\_\_ Campus E-mail \_\_\_\_\_

Employee is Member of Faculty/Administration \_\_\_\_\_ Staff \_\_\_\_\_

Date of Hire \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

Student e-mail, if applicable \_\_\_\_\_

At beginning of next academic year, applicant will be college:

First-Year Student \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Has TE applicant held a TE scholarship last year or in a prior year? Yes \_\_\_ No \_\_\_

If "Yes", is this an application for a New \_\_\_ or Renewal TE scholarship \_\_\_?

If "Yes", name of the college or university attended \_\_\_\_\_

If "Yes", year(s) that TE scholarship was held \_\_\_\_\_

Names of TE colleges or universities applying to: (use other side of sheet if necessary)

	NAME OF SCHOOL	CITY/STATE
1.	_____	_____
2.	_____	_____
3.	_____	_____

RETURN THIS FORM TO PAT OGG, PENN HALL, 2<sup>ND</sup> FLOOR, CAMPUS BOX 2447.

**NOTE: Employee must notify Gettysburg's Tuition Exchange Liaison Officer, Pat Ogg, ext. 6582, of student's enrollment at host institution annually and of withdrawal or suspension.**