

## Tuition Scholarship / Exchange Application

(For dependent children of eligible employees attending other colleges and universities)

### Employee Information:

Parent Name: _____	Date of Hire: _____
Position: _____	Department: _____
Email (required): _____	Contact Phone: _____
Home Address: _____	

### Student Information:

Student Name: _____	SSN: _____
Contact Phone: _____	Date of Birth: _____
Email (required): _____	

### Export College / University Information:

*Note: If applying to attend Franklin Pierce University, use the Education Benefit Form.*

Limit of five

Expected Date of Graduation from Export College/University: \_\_\_\_\_

- |    |       |                                |                              |                             |
|----|-------|--------------------------------|------------------------------|-----------------------------|
| 1. | _____ | <input type="checkbox"/> NHCUC | <input type="checkbox"/> CIC | <input type="checkbox"/> TE |
| 2. | _____ | <input type="checkbox"/> NHCUC | <input type="checkbox"/> CIC | <input type="checkbox"/> TE |
| 3. | _____ | <input type="checkbox"/> NHCUC | <input type="checkbox"/> CIC | <input type="checkbox"/> TE |
| 4. | _____ | <input type="checkbox"/> NHCUC | <input type="checkbox"/> CIC | <input type="checkbox"/> TE |
| 5. | _____ | <input type="checkbox"/> NHCUC | <input type="checkbox"/> CIC | <input type="checkbox"/> TE |

Status of student enrollment into the Program will be:  First time enrollment  Recertification

I have read the Franklin Pierce University's Education Benefit Policy and have provided complete and accurate information in this application.

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

HR Use Only:

Confirm:  Date of hire \_\_\_\_\_  Years of Service \_\_\_\_\_  
 More than one student in the tuition exchange program?  Yes  No  
 Accepted Application for:  CIC  NHCUC  TE

Eligible  Yes  No  
 Name: \_\_\_\_\_  
 Wait List for:  CIC  NHCUC  TE