



**THE TUITION EXCHANGE, INC.**

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1743 Connecticut Avenue, NW  
Washington, DC 20009  
(202) 518-0135 Fax (202) 518-0137

**SCHOLARSHIP APPLICATION**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Student Email Address

Academic year(s) \_\_\_\_\_ Total number of semesters \_\_\_\_\_

\_\_\_ applying for admission as a \_\_\_ freshman \_\_\_ sophomore \_\_\_ junior \_\_\_ senior \_\_\_ graduate student

\_\_\_ accepted for admission as a \_\_\_ freshman \_\_\_ sophomore \_\_\_ junior \_\_\_ senior \_\_\_ graduate student

\_\_\_ currently enrolled as a \_\_\_ freshman \_\_\_ sophomore \_\_\_ junior \_\_\_ senior \_\_\_ graduate student

Name(s) of College or University:

State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this form to Human Resources by October 31<sup>st</sup>.