

THE TUITION EXCHANGE, INC.
CASE WESTERN RESERVE UNIVERSITY

SCHOLARSHIP CERTIFICATION & APPLICATION

To be completed by applicant:

Applicant Name Social Security Number Birth Date

Permanent Street Address City State Zip

Student E-mail Address Student Telephone Number Academic Year

Parent/Employer Name Parent/Employer Campus E-mail Campus Phone Number

I confirm that the student listed above is my dependant for Case Western Reserve University benefit purposes. Employee signature required below.

To be completed by applicant:

1 Host (Importing) Institution City/State Date Applied Date Admitted

2 Host (Importing) Institution City/State Date Applied Date Admitted

3 Host (Importing) Institution City/State Date Applied Date Admitted

4 Host (Importing) Institution City/State Date Applied Date Admitted

5 Host (Importing) Institution City/State Date Applied Date Admitted

6 Host (Importing) Institution City/State Date Applied Date Admitted

7 Host (Importing) Institution City/State Date Applied Date Admitted

8 Host (Importing) Institution City/State Date Applied Date Admitted

Staff/Faculty Member Signature/Date

Return this form along with a completed Certification of Eligibility to the Office of University Financial Aid in Yost Hall 435. Please notify this office of your acceptance/refusal of a tuition exchange scholarship by **May 15**.

