

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	Year in school for 2020-21
Parent/Employee Name	Parent/Employee 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
2	Host (Importing) Institution	City/State	Date Applied
3	Host (Importing) Institution	City/State	Date Applied
4	Host (Importing) Institution	City/State	Date Applied
5	Host (Importing) Institution	City/State	Date Applied
6	Host (Importing) Institution	City/State	Date Applied
7	Host (Importing) Institution	City/State	Date Applied
8	Host (Importing) Institution	City/State	Date Applied

Staff/Faculty Member Signature/Date

Return this form to the Office of University Financial Aid in Yost Hall 435 when the student is applying for admission or April 1, 2020, whichever is earlier. Please notify this office of your acceptance / refusal of a tuition exchange scholarship by **May 15, 2020**.