

THE TUITION EXCHANGE, INC.

CASE WESTERN RESERVE UNIVERSITY

SCHOLARSHIP CERTIFICATION & APPLICATION

To be completed by applicant:

###-##-

Applicant Name	Social Security Number (last 4 digits only)	Birthdate
Permanent Street Address	City	State Zip
Student Email Address	Student Telephone Number	Year in school for 2024-25
Parent/Employee Name	Parent/Employee Campus Email	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 July 1, 2024**, whichever is earlier. Please notify this office of your acceptance / refusal of a tuition exchange scholarship by **July 15, 2024**.

