

# BRYANT UNIVERSITY

## PRELIMINARY APPLICATION FOR TUITION EXCHANGE SCHOLARSHIP

**DEADLINE DATE FOR COMPLETION: SECOND FRIDAY IN SEPTEMBER**

Return form to TEP Liaison Officer, Carla Gardner, before the second Friday in September. **COPY OF APPLICATION(S) TO THE MEMBER INSTITUTION(S) MUST BE FORWARDED TO TEP LIAISON OFFICER WHEN RECIPIENT SELECTION IS MADE.** Faculty and staff members with dependent children planning to attend another college or university under the Tuition Exchange Program must complete this form. The "preliminary application" will trigger the more complex inter-institutional application process. Eligibility to apply for a TEP scholarship is outlined in the Bryant University guidelines. Certification of eligibility does not guarantee acceptance at another institution. Since member institutions are able to offer only a limited number of TEP scholarships, the application process must be initiated in a timely manner.

### TO BE COMPLETED BY PARENT/EMPLOYEE.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip Code

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date employed: \_\_\_\_\_ Department \_\_\_\_\_

FACULTY: Rank: \_\_\_\_\_ Tenure Track? Yes \_\_\_ No \_\_\_

STAFF: Position \_\_\_\_\_ # Annual Hours: \_\_\_\_\_

**I hereby certify that he/she is a dependent child as defined by the Internal Revenue Code and claimed as a dependent on my 20\_\_ federal income tax return and is under age 23.**

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

### TO BE COMPLETED BY STUDENT-APPLICANT

Name: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Names of colleges or universities to which student plans to apply:

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The effective semester? \_\_\_\_\_ Year? \_\_\_\_\_ Has student been  
accepted? \_\_\_\_\_ (Attach copy of acceptance)

At the beginning of next academic year, will you be a high-school senior \_\_\_\_\_, a  
college freshman \_\_\_\_\_, sophomore \_\_\_\_\_, junior \_\_\_\_\_, senior \_\_\_\_\_?

Did you hold a TEP scholarship last year or in any prior year? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", name the institution where you held that scholarship? \_\_\_\_\_

Is this a NEW \_\_\_\_\_ or RENEWAL \_\_\_\_\_ application?

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Note: Students must notify Bryant University's Tuition Exchange Program Liaison Officer, Carla Gardner, in the Human Resources Office, of:

- a) acceptance by the target/host institution,
- b) enrollment in that institution,
- c) withdrawal from the institution,
- d) suspension by the institution.

Failure to provide such information may result in loss of TEP scholarship eligibility.

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**APPROVAL: TUITION EXCHANGE PROGRAM LIAISON OFFICER**

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

Restrictions/Special Conditions: \_\_\_\_\_

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Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_