



# THE CATHOLIC UNIVERSITY OF AMERICA

## Application for the Tuition Exchange Program For the 2019-2020 Academic Year

**Please provide all of the information requested below. Incomplete applications will be returned to you for completion. Deadline: 10/15/2018**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Department/Office: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Initial Employment: \_\_\_\_\_ Status:  Full-time Faculty  Full-time Staff

Dates and Types of Approved Leave Taken: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Other than the periods of approved leave listed above, has your employment by the University been interrupted for any other reason?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you previously received benefits under this program?  Yes  No

If Yes, how many semesters have been used by all participating dependents? \_\_\_\_\_

.....  
Dependent Name: \_\_\_\_\_ Last 4 SSN & Date of Birth: \_\_\_\_\_

Dependent's Email Address: \_\_\_\_\_

How many semesters of full-time undergraduate study will this dependent have completed by the beginning of the year for which this application is being made? \_\_\_\_\_

Please list **up to six** participating institutions to which the dependent is applying

- |          |          |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

At the beginning of the **2019-2020** academic year the dependent will be a:  freshman  sophomore  junior  senior

Has the dependent previously held a tuition scholarship under this program?  Yes  No

If Yes, please indicate the college or university attended and the year(s) in which the scholarship was held.

\_\_\_\_\_

*Note: Students (or employee/parent) must notify the University's Tuition Exchange Liaison Officer in the Office of Human Resources of enrollment at the host institution and of withdrawal or suspension or any other change in student status.*

.....  
I certify that I have read the Tuition Exchange Program Guidelines, that my dependent child and I meet the eligibility criteria stated in the Guidelines, and that I have reviewed the limitations stated in the Guidelines, including but not limited to those regarding availability, use and taxability of Program Scholarships. I further certify that my employment history as summarized above is both complete and accurate and that the student named above is my dependent child by birth or adoption or is my stepchild.

I understand that, should my employment by the University be terminated for any reason other than death, retirement or disability, my dependent child will be permitted to finish under the Tuition Exchange Program only the semester during which termination occurs.

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

**(SEE REVERSE SIDE)**

**CERTIFICATION OF DEPENDENT STATUS**

I certify that \_\_\_\_\_, my son/daughter by birth or adoption or my stepchild was claimed by me as a dependent on my most recent Federal income tax return. Further, I anticipate claiming this child as a dependent on my Federal income tax return for the time period that is covered by the semester for which tuition exchange benefits are requested.

I understand that The Catholic University of America reserves the right to request appropriate proof of dependent status and proof that the student is my child by birth or adoption or my stepchild.

Academic Year: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date