

**Tuition Exchange & Council of Independent Colleges
Scholarship Certification and Application Form**

School Year	2012-2013
Student First Name:	_____
Student Last Name	_____
Social Security Number (xxx-xx-xxxx format):	_____
Student Email:	_____
Telephone:	_____
Permanent Address:	_____ _____ _____
Lesley University Parent/Guardian Name:	_____
Parent E-Mail:	_____
Years of Service as Benefits Eligible	_____
Total Number of Academic Years Applying for:	_____
Total Number of Semesters Applying for:	_____
Application Status as of Fall 2012 (Check One):	Applying for Admission ____ Approved for Admission ____ Currently Enrolled ____
Incoming Class as of Fall 2012 (Check One):	Freshman ____ Sophomore ____ Junior ____ Senior ____
List ALL schools applying to and indicate whether student is applying for TE or CIC):	_____ _____ _____ _____ _____ _____

Please complete this form and return to Rebecca DePriest, Human Resources (x8784) no later than Monday, November 7, 2011 via email (depriest@lesley.edu) or fax to 617-349-8126. Thank you.