Illinois Institute of Technology
2014 Tuition Exchange Scholarship Application

Faculty/Staff Information

Name_____   Last Four Digits SSN_____

Most Recent Date of Hire_____   Email _____

Permanent address_____

_____

Department_____

Position_____   ☐ **Faculty**   ☐ **Staff**

Dependent Information

Name_____ Date of Birth_____

Graduation Date_____

The above-named dependent is: (check all that apply)

☐ **My born/adopted child**   ☐ **Claimed as a dependent on IRS tax forms**

☐ **A new first year student**   ☐ **A continuing student**

If the student is returning, indicate the year:

☐ **Freshman**   ☐ **Sophomore**   ☐ **Junior**

The information supplied is true and accurate as of today's date. I understand that submission of this application does not guarantee a Tuition Exchange Scholarship award, nor does it guarantee admission into any of the participating Tuition Exchange schools. I understand that if my employment relationship with IIT ends for any reason, the dependent listed above will no longer receive the tuition exchange scholarship, effective at the end of the academic term in which the employment separation take place.

_____   _____

Faculty/Staff signature   **Date**