

PRELIMINARY APPLICATION FOR A TUITION EXCHANGE SCHOLARSHIP



DATE _____ CIRCLE CLASS: FRESHMAN SOPHOMORE JUNIOR SENIOR

ACADEMIC YEAR: _____ IS STUDENT A TRANSFER? _____ (YES OR NO)

NAME OF STUDENT APPLICANT _____
LAST FIRST MI

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
MONTH/DAY/YEAR

HOME OR CELL PHONE () _____

HOME ADDRESS _____
STREET CITY STATE/ZIP

STUDENT'S EMAIL _____

ELIGIBLE PARENT/GUARDIAN'S NAME _____
LAST FIRST MI

PARENT'S EMAIL _____ YEARS OF PARENT'S /GUARDIAN'S EMPLOYMENT _____

TOTAL NUMBER OF SEMESTERS YOU ARE REQUESTING FOR YOUR TE STUDENT _____

PLEASE SUBMIT MY DEPENDENT'S APPLICATION FOR TUITION EXCHANGE (TE) TO THE FOLLOWING INSTITUTIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PLEASE RETURN THIS FORM BY EMAIL TO finaid@bsc.edu, BY FAX TO (205) 226-3082 OR BY CAMPUS MAIL TO:

TE COORDINATOR
FINANCIAL AID OFFICE
BOX 549016

FOR HR/FINANCIAL AID OFFICE USE ONLY

HR APPROVED DENIED _____
SIGNATURE DATE

FAO APPROVED DENIED _____
SIGNATURE DATE