

**THE TUITION EXCHANGE, INC.**  
**UNIVERSITY OF PITTSBURGH**

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**SCHOLARSHIP CERTIFICATION & APPLICATION**

*To be completed by applicant:*

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Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

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Permanent Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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(Area Code) Telephone Number \_\_\_\_\_ Parent/Employee Name \_\_\_\_\_ Campus Phone Number \_\_\_\_\_

I confirm that the student listed above is my dependent for University of Pittsburgh benefit purposes. I confirm that my student will be entering college as a **first-time, full-time freshman student** for the upcoming year for which I am requesting Tuition Exchange Scholarship consideration. Employee signature required below.

Has a sibling previously received a Tuition Exchange Scholarship?     No     Yes

If yes, please provide sibling's name \_\_\_\_\_

Please forward my TE application to:

1 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

2 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

3 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

4 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

5 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

6 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

7 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

8 \_\_\_\_\_  
Host (Importing) Institution \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_  
Staff/Faculty Member Signature/Date

**Note: Please attach a completed Employee Certification form to this application. The Employee Certification form must include information and signature from the Human Resources Office or the Office of Faculty Records. Please forward completed Application and Employee Certification forms to: Suzanne McColloch, 212 Alumni Hall, Office of Admissions and Financial Aid, University of Pittsburgh, Pittsburgh, PA 15260**