



**HAMPSHIRE COLLEGE  
TUITION EXCHANGE PROGRAM  
EMPLOYEE EXPORT APPLICATION  
2017-2018**

Eligible employees (as defined by the Hampshire College TEP Guidelines) with an eligible dependent planning to attend another college or university under the TEP must complete this TEP Employee Export Application. This application is necessary to begin the formal application process between Hampshire College and TEP member institutions. Please review the **Hampshire College Employee Tuition Exchange Program Guidelines** for complete details on this scholarship program. Signature(s) on the TEP Employee Export Application constitute consent to the terms of Hampshire College's TEP Guidelines.

Eligibility to apply for a TEP scholarship is determined by the **Hampshire College Employee Tuition Exchange Program** policy. Certification of eligibility for the TEP does not guarantee acceptance at another TEP member institution nor does it guarantee priority over other applicants. Additionally, acceptance of admission at a Tuition Exchange member institution does not guarantee receipt of a TEP scholarship. Tuition Exchange member institutions generally are able to offer only a limited number of scholarships. The TEP benefit is for continuous full-time undergraduate study only. **Please note that the TEP Scholarship is limited to one child participant per family in a given academic year.**

All information on this form must be complete and accurate. This TEP Employee Export Application must be submitted along with a copy of the most recent tax return showing dependency and ID that shows age to Human Resources no later than **December 2, 2016** to be considered for a TEP 2017-2018 academic year scholarship. Applications received after **December 2, 2016** will be processed according to the Hampshire College TEP Guidelines. **NOTE:** It is the responsibility of the eligible dependent to notify Human Resources of an acceptance by a member institution or enrollment, withdrawal, or suspension. **FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN LOSS OF THE TEP SCHOLARSHIP ELIGIBILITY.**

**TO BE COMPLETED BY ELIGIBLE EMPLOYEE:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ FTE: \_\_\_\_\_  
 Extension: \_\_\_\_\_ Email: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT/APPLICANT (ELIGIBLE DEPENDENT):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ *(required by Tuition Exchange for formal application process)*  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is this an application for a **NEW** ( ) or **RENEWED** ( ) scholarship?  
 Did you hold a TEP scholarship last year or in any other prior year? Yes ( ) No ( )  
 If "RENEWED," name the member institution where you held the TEP scholarship: \_\_\_\_\_  
 If "NEW," Academic year for which you are seeking a TEP scholarship: \_\_\_\_\_  
 At the start of the above academic year I will be a college freshman ( ), sophomore ( ), junior ( ), senior ( ).

**Complete name(s) & state(s)** of member institution(s) to which you plan to apply (incomplete/inaccurate names will not be submitted):

Name \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ State \_\_\_\_\_

*Additional schools can be listed on the back of this application*

***I attest that the information provided is accurate and that my child is considered a dependent defined by IRS guidelines.***

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

Accepted \_\_\_\_\_ for \_\_\_\_\_ semesters Not accepted \_\_\_\_\_ Ineligible \_\_\_\_\_ Withdrew \_\_\_\_\_ TEP Liaison \_\_\_\_\_