



**HAMPSHIRE COLLEGE
TUITION EXCHANGE PROGRAM
EMPLOYEE EXPORT APPLICATION
2016-2017**

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 4, 2015** to be considered for a TEP 2016-2017 academic year scholarship. Applications received after **December 4th** 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 _____