

Tuition Exchange & FACHEX Program Preliminary Application Form

Please return this form to the Financial Aid Office in Grewen 303

Student Name: _____ SSN: _____

Date of Birth: _____

Permanent Address: _____

Phone Number: _____ Email: _____

Parent Name: _____

Years of service at Le Moyne College: _____ Ext.: _____

Email: _____

College(s) you are requesting a Tuition Exchange or FACHEX Scholarship for:

College	Applying	Accepted	Currently Enrolled

* Please note if the student is applying as a freshman or transfer student.

This form must be returned to the Financial Aid Office by November 1st.