

## Tuition Exchange & FACHEX Program Preliminary Application Form

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

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Years of service at Le Moyne College: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

Do you claim the applicant as a dependent on your federal tax return? \_\_\_\_\_

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 1<sup>st</sup>.**