



# Congregational and Synodical Mission

## Evangelical Lutheran Church in America

God's work. Our hands.

### ELCA COLLEGE AND UNIVERSITY TUITION EXCHANGE PROGRAM APPLICATION FORM

Section A: To be completed by **EMPLOYEE**. *Submit to your tuition exchange officer by April 15.*

*First year and transfer applicants should attach a copy of this form with Section A completed with their application for admission. All applicants should also complete a financial aid form through CSS or ACT and have the results sent directly to the receiving institution.*

Employee Name \_\_\_\_\_ [ ] Faculty  
College/University \_\_\_\_\_ [ ] Administrative Staff  
Position \_\_\_\_\_ [ ] Support Staff  
Student Name \_\_\_\_\_ [ ] Hourly [ ] Salaried

will attend \_\_\_\_\_ during the \_\_\_\_\_  
academic year as a \_\_\_\_\_ (first year, sophomore, junior, senior, other).

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Section B: To be completed by **SENDING INSTITUTION**. *Send a copy to the receiving institution by May 1st. Retain a copy)*

If attending home institution, applicant would be eligible to receive \_\_\_\_\_ % of home institution tuition.  
Comments:

Sending Institution \_\_\_\_\_  
Tuition Exchange Officer: \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_

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Section C: To be completed by the **RECEIVING INSTITUTION**. *When applicant's attendance plans are confirmed, but no later than May 30, send a copy of this form with all sections completed to: Melinda Valverde; Congregational and Synodical Mission unit, ELCA; 8765 West Higgins Road; Chicago, IL 60631 or scan the form and email it to: [melinda.valverde@elca.org](mailto:melinda.valverde@elca.org). Retain a copy.*

Maximum benefit available to student \$ \_\_\_\_\_

Benefit provided by:	Federal grant	\$ _____
	State grant	\$ _____
	Other	\$ _____

Receiving Institution \_\_\_\_\_  
Tuition Exchange Officer \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_