

CCCTE Application Form Instructions

- 1.) Please thoroughly complete the application. Answer all questions and be sure that information is accurate.
- 2.) Be certain that the Sending School Liaison Officer sends a copy of the completed form directly to the CCCTE Treasurer at the address below:

CCCTE Treasurer
c/o The Ridgefield Group, Inc.
PO Box 162
Steubenville, Ohio 43952

- 3.) Be sure that each School Liaison Officer maintains a copy of this application on file.

CERTIFICATE AGREEMENT

The Catholic College Cooperative Tuition Exchange Program (CCCTE)

PLEASE NOTE: Please complete Section 1 of this form. Turn this form into the CCCTE Liaison Officer at the sending school. In order to ensure legibility of all copies please type. This form must be completed and given to your liaison officer along with a copy of your acceptance letter to the receiving institution.

DO NOT PROCESS THIS REQUEST PRIOR TO ADMISSIONS ACCEPTANCE!

I. Student Information:

Name: _____ Social Security # _____

Address _____ Home Phone # (_____) _____

Date of Birth _____ Marital Status _____ Single _____ Married _____ Divorced

I am applying for CCCTE benefit at: _____

For academic year _____ (Name of School) _____

Name of Employee _____ Relationship of Employee to Student _____

I will enroll at your school as a:

_____ Freshman _____ Continuing student at your school
I will be a _____ Soph. _____ Jr. _____ Sr.
_____ Transfer Student with approximately _____ years of work _____ Special applicant (i.e. summer session, graduate program)

My student status will be: Full-time _____ Part-time _____

Have you submitted the FAFSA (Free Application for Student Aid)? Yes _____ (When? _____)

No _____ (Please arrange to do so).

Other colleges applied to: (if applicable) _____

II. To be completed by liaison office at the sending school:

Liaison Officer's Name _____ Phone (_____) _____

Sending School _____

Address _____

The employee's status with the sending school is: Full-time _____ Part-time _____ *Other _____

*Please explain _____

The student named above is eligible to participate in the CCCTE program and would be eligible for a tuition benefit of _____% if he/she attended this institution. Please notify me as soon as possible if the student cannot utilize the benefit at your institution.

Signature of Liaison Officer: _____ Date _____

III. To be completed by liaison officer at the institution to which the student has applied:

_____ I am pleased to report that the student named above may enroll at our institution.

The benefit to be made is _____

Academic Year/Term covered _____

_____ I regret that the benefit cannot be made available at this time.

Reason: _____

Signature of Liaison Officer: _____

Phone(_____ Date _____

N.B. The legal obligations of CCCTE are limited to the preparation and distribution of membership information and directories and to their recording and reporting of benefit awards made available to dependents of individuals whose institutions participate in the program. Awards of benefits are made by the participating institutions and CCCTE assumes no responsibility for misunderstandings that may arise between institutions and participants concerning, for example the amount and duration of benefit awards or special circumstances that may lead to their termination. Copies of this document shall be sent to:

- 1.) Liaison officer at receiving school; 2.) Liaison officer at sending school; 3.) Financial Aid; 4.) CCCTE Treasurer