

WWW.CIC.EDU

**APPLICATION TO PARTICIPATE
IN THE COUNCIL OF INDEPENDENT COLLEGES (CIC) PROGRAM FOR 2023-2024**

DEADLINE FOR RETURN: Wednesday, October 19, 2022

PLEASE PRINT CLEARLY

EMPLOYEE INFORMATION

Employee's Name: _____
Ext.: _____ E-mail: _____
Home telephone Number: _____ Full-Time Date of Employment _____
Full-Time Years of Service as of 9/1/23 _____
Have you received a CIC scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate dates when scholarship was utilized _____

STUDENT INFORMATION

Student's Name: _____

Student's Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Relationship to Employee: _____

Student's Permanent Home Address: _____

Student's Home Telephone Number: _____

Student's E-mail Address: _____

Name(s) of institution(s), ***that participate(s) in the Council of Independent Colleges (LIMIT OF 12)***, to which student is applying (must be listed under "**Member Services, then Tuition Exchange Program**" on the CIC site):

Student's Current Status: High School Freshman Sophomore Junior Senior
(Please check all that apply) College/University

High School/College Currently Attending: _____

Please return to:

**Carolyn Ventura Lengers
University Benefits
Summit, Room 41
Valhalla
Fax: (914) 989-8506
Scan/E-Mail: benefits@pace.edu**

Employee's Signature

Date