Associated Colleges of the Midwest

Tuition Remission Exchange Program (TREP)

APPLICANT'S CERTIFICATION OF ELIGIBILITY

FALL 2019 AND SUBSEQUENT YEARS

Complete and return to the TREP Coordinator at your college. Upon receipt of this form and the \$25.00 participation fee (payable to ACM), the Coordinator will forward this information to the ACM office.

To be comple	ted by th	e applicant:					
I plan to apply	to the fol	lowing ACM co	olleges under t	ne Tuiti	on Remission Exc	change Program	n (please circle):
Beloit	Coe	Colorad	o Cor	iell	Grinnell	Knox	Lake Forest
Lawren	ice	Luther	Macaleste	•	Monmouth	Ripon	St. Olaf
decide to acce Participation for additional ACM	ept an off form and M college TREP coo	fer of tuition return it to the s under TREP ordinator at my Parent Seent Name (please Student Seent Name (please Student Seent Name (please Student Seent Name (please Student Seent Name (please Seent N	emission or to TREP coordi and/or decide home college ignature se print) se print) Address	o withdinator at not to a of the cl	raw from TREP, my home colleg pply to one or manage(s).	I will fill out ge. If, in the more of the colle	
		City/S	tate/Zip				
To be comple	ted by th	e home colleg	e TREP coor	dinator	•		
colleges circle	d above.	I further certif	fy that the ap	plicant		dian have rece	ange Program at the cived a copy of the
		TREP Coo	rdinator				
			College				

Please send to ACM, Suite 800, 11 E. Adams Street, Chicago, IL 60603

Date

For ACM Office Use Only					
Year of Application	Year of Match		5/18		