

Associated Colleges of the Midwest  
**Tuition Remission Exchange Program (TREP)**

**APPLICANT'S CERTIFICATION OF ELIGIBILITY  
FALL 2022 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 by check, money order, or by debit or credit card or PayPal account at [www.ACM.edu/trep](http://www.ACM.edu/trep)), the Coordinator will forward this information to the ACM office.

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**To be completed by the applicant:**

I plan to apply to the following ACM colleges under the Tuition Remission Exchange Program (*please circle*):

|                 |               |                   |                 |                 |                 |                    |
|-----------------|---------------|-------------------|-----------------|-----------------|-----------------|--------------------|
| <b>Beloit</b>   | <b>Coe</b>    | <b>Colorado</b>   | <b>Cornell</b>  | <b>Grinnell</b> | <b>Knox</b>     | <b>Lake Forest</b> |
| <b>Lawrence</b> | <b>Luther</b> | <b>Macalester</b> | <b>Monmouth</b> | <b>Ripon</b>    | <b>St. Olaf</b> |                    |

I understand that the colleges will notify me of their decisions regarding admission and tuition remission. When I decide to accept an offer of tuition remission or to withdraw from TREP, I will fill out a Confirmation of Participation form and return it to the TREP coordinator at my home college. If, in the meantime, I apply to additional ACM colleges under TREP and/or decide not to apply to one or more of the colleges circled above, I will notify the TREP coordinator at my home college of the change(s).

Parent Signature \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**To be completed by the home college TREP coordinator:**

I certify that this applicant is eligible to participate in the ACM Tuition Remission Exchange Program at the colleges circled above. I further certify that the applicant and their guardian have received a copy of the "Applicant's Guidelines" for TREP and that we have discussed these guidelines.

TREP Coordinator \_\_\_\_\_

College \_\_\_\_\_

Date \_\_\_\_\_

*Please send to ACM, 180 N. Michigan Avenue, Suite 2020, Chicago, IL 60601 with physical payment  
OR*

*Send form by email to [ehutula@acm.edu](mailto:ehutula@acm.edu) and make payment via [www.ACM.edu/trep](http://www.ACM.edu/trep)*

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**For ACM Office Use Only**

Year of Application \_\_\_\_\_ Year of Match \_\_\_\_\_