



**Notice of Eligibility
FACHEX Program
Gonzaga University**

Name of Eligible Parent: _____

Parent's Department/Title: _____

Name of Student: _____

Student's Social Security Number: _____

Student's Mailing Address: _____

Student's E-Mail Address: _____

Student's Current School: _____

High School Graduation Date: _____

FACHEX Start Date: _____

Identify the Jesuit college(s) at which you wish to use FACHEX. Please list only where you will apply for admission.

I certify that the person named on this form is eligible to participate in the FACHEX program during the _____ academic year.

Human Resources Department, Gonzaga University

Date