



SENIOR ADULT TUITION WAIVER APPLICATION

NAME: _____ **STUDENT ID#** _____

ADDRESS: _____

PHONE NUMBER: _____

PROGRAM OF STUDY: _____

STUDENT'S SIGNATURE: _____

SEMESTER: _____ **DATE:** _____

****PLEASE NOTE:**

THE SENIOR ADULT SCHOLARSHIP WAIVER COVERS THE COST OF TUITION EACH SEMESTER/TERM FOR INDIVIDUALS WHO ARE 60 YEARS OF AGE OR OLDER. THE SENIOR ADULT IS RESPONSIBLE FOR THE PAYMENT OF FEES, INSURANCE, AND BOOKS. SENIOR ADULTS MAY REGISTER ON THE FIRST DAY OF THE SEMESTER/TERM FOR ANY CREDIT BEARING CLASS ON A SPACE AVAILABLE BASIS.

FOR OFFICE USE ONLY

DOCUMENTATION RECEIVED (ONLY ONE DOCUMENT IS REQUIRED):

_____ **DRIVER'S LICENSE**

_____ **BIRTH CERTIFICATE**

RECEIVED BY: _____ **DATE:** _____