

EAST ARKANSAS COMMUNITY COLLEGE
REQUEST FOR SENIOR CITIZEN TUITION WAIVER

TO BE COMPLETED BY STUDENT

Student's Name: _____ **Social Security Number:** _____

Address: _____

Telephone Number: _____ **County:** _____

List only courses taken to earn college credit:

Semester: _____ Year: _____ Total Hours: _____

Signature: _____ **Date:** _____

Date of Birth: _____ **Age as of the first day of classes:** _____

**ONLY COURSES TAKEN TO EARN COLLEGE CREDIT ARE ELIGIBLE FOR THIS
TUITION WAIVER.**

For students age 50-59, who enroll in credit classes, tuition will be reduced by 50%. Tuition charges and mandatory fees for any person 60 years of age or older shall be waived for credit classes. **Tuition charges for classes taken for "audit" (no credit) are the responsibility of the student.**

Proof of birth required: Please attach a copy of your driver's license or birth certificate.

Reference: Board Policy 5-4-IV

Note: This form must be forwarded to the EACC Financial Aid Office after completion. It is the student's responsibility to submit the **request** for tuition waiver **each semester** you are enrolled in classes. Requests submitted after the semester ends may not be honored.

Revised August 2009

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

1. A unique student identifier;
2. Status for Federal Pell grant;
3. Postsecondary grade point average;
4. Number of semester hours attempted;
5. Number of semester hours completed;
6. Gender, race, ethnicity, and age;
7. High school graduated from or General Educational Development test score;
8. High school grade point average; and
9. ACT score or ACT equivalent score, if available;
10. Academic progress information.

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research will not receive or release a student's name, social security number, or a student's or parent's income information.

A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the Academic Challenge Scholarship.

Please check one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.
ONLY ONE SIGNATURE IS REQUIRED BELOW.

I **authorize / do not authorize (CIRCLE ONE)** the Arkansas Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release my individual personal information to the Bureau of Legislative Research.

Print Name

Social Security Number

Signature of Student

Date Signed

(if eighteen years old or older or is legally emancipated at the time of award acceptance for state-supported student financial assistance)

Signature of Student's Parent

Date Signed

(if student is under eighteen years old and is not legally emancipated)