

Mountain Empire Community College

Student Tuition Assistance Agreement for Senior Citizens

Office Use Only

Term: _____
Acct.#: _____
ES: _____
Date: _____

Name: _____ EmplID: _____

SSN: _____ Date of Birth: _____

Address: _____

Telephone Home: _____ Business: _____

CREDIT COURSES

_____ I hereby certify that I am qualified for free tuition for credit courses by meeting the following criteria:

- am 60 years of age or older;
- am a legal domiciled resident (12 months) of Virginia;
- had a taxable income not exceeding \$15,000 for Federal Income tax purposes for the year preceding the year in which enrollment is sought;
- have been admitted to the College as a student.

AUDIT COURSES

_____ I hereby certify that I am qualified for free tuition for auditing of credit courses or for taking non-credit courses (not to exceed three courses per semester) by meeting the following criteria:

- am 60 years of age or older;
- am a legal domiciled resident (12 months) of Virginia;
- have been admitted to the College as a student.

_____ **I understand that I will be admitted to the following course(s) "after all tuition paying students have been accommodated" according to House Bill 853**

Signature

Date

ENROLLMENT SERVICES USE ONLY

<u>Course</u>	<u>Credit/Audit/Non-Credit</u>	<u>Tuition</u>	<u>Fees</u>
_____	_____	\$ _____	\$ _____
_____	_____	Total Due \$ _____	
_____	_____	Amount covered by agreement \$ _____	
_____	_____	Amount to be paid by student \$ _____	
_____	_____		

ES or Continuing Education Approval (as appropriate) _____

Campus Business Office Approval _____

PAYMENT RECORD

<u>Date</u>	<u>Amount</u>	<u>Receipt No.</u>	<u>Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____