



Enrollment Services
 3441 Mountain Empire Road
 Big Stone Gap, VA 24219
 (276) 523-7474

Student Tuition Assistance Agreement for Senior Citizens

Name: _____ **Term:** _____

EMPLID: _____ **Date of Birth:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Credit Courses

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

- 60 years of age or older
- A legal domiciled resident (12 months) of Virginia
- Had a taxable income not exceeding \$23,850 for Virginia 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:

- 60 years of age or older
- A legal domiciled resident (12 months) of Virginia
- Have been admitted to the college as a student.

I understand that I will be enrolled in the following course(s). I also understand that the Senior Citizens Higher Education Act of 1974 provides that "tuition-paying students are accommodated in courses before senior citizens participating in this program are enrolled".

Signature _____
Date

Enrollment Services Use Only

Course	Class #	Credit	Audit

Tuition \$ _____ Amount covered by agreement \$ _____
 Fees \$ _____ Amount to be paid by student \$ _____
 Total Due \$ _____
 Enrollment Services Approval: _____
 Campus Business Office Approval: _____

Payment Record (For Office Use Only)

Date	Amount	Receipt Number	Initials

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