FINANCIAL AID OFFICE

Doc Bryan Student Services Center Room 117
1605 Coliseum Drive
Russellville, AR 72801-2222

Phone: 479-968-0399
Fax: 479-964-0857

http://finaid.atu.edu

APPLICATION FOR WAIVER OF TUITION AND FEES AS PROVIDED BY ACT 678 OF 1975 (FOR PERSONS SIXTY (60) YEARS OF AGE OR OLDER)

I hereby apply for the waiver of tuition and fees as provided by Act 678 of 1975.

APPROPRIATE DOCUMENTARY EVIDENCE OF MY AGE IS ATTACHED TO THIS APPLICATION. (Official copy of school record, copy of birth certificate, military paper, driver's license.)

NAME:_____
Last First Middle Maiden

MAILING ADDRESS:_____
Street City State Zip

DATE OF BIRTH:_____ SOCIAL SECURITY #:_____
MONTH/DAY/YEAR

_____
Signature of Applicant

If documentary evidence of age is not available, please complete the following statement, in the presence of a Notary Public:

AFFIDAVIT

I, _____, hereby affirm the date of my birth as

_____, at _____.
Month/Day/Year City State

Subscribed and sworn before me this _____day of _____, 20___

SEAL

_____
Notary Public

_____
Address

_____
City State Zip