



TUITION WAIVER APPLICATION

Please complete and return to the Tech Financial Aid Office
Brown Hall, Suite 206
105 West O Street
Russellville, AR 72801 • 479.968.0399 • 479.964.0857 (fax)

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

I hereby apply for the waiver of tuition and fees as provided by Act 678 of 1975 with the understanding that this waiver may be less than my actual tuition and fees if they are covered by other grant and/or scholarship funds.

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: _____ STUDENT ID #: _____
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