



APPLICATION FOR WAIVER OF TUITION AND FEES

AS PROVIDED BY ACT 678 OF 1975

(FOR ARKANSAS RESIDENTS SIXTY (60) YEARS OF AGE OR OLDER)

Arkansas Tech's Title IV School Code: **001089**

Financial Aid

This form must be completed in **blue or black ink** and returned* to the Arkansas Tech Financial Aid Office

• Brown Hall, Suite 206 • 105 West O Street • Russellville, AR 72801 • 479.968.0399 • fa.help@atu.edu •

Note: All notifications of missing information, awards, and general information from the Financial Aid Office will be e-mailed to your official ATU e-mail account.

Please print or type

Student ID Number: _____ Date of Birth: _____ E-mail: _____

Month

Day

Year

Name: _____

Last

First

Middle

Maiden (if applicable)

Mailing Address: _____ Phone Number: _____

Street

City _____ State _____ Zip Code _____

City

State

Zip Code

Note: You may change your address at onetech.atu.edu

Application:

Accept this application for the waiver of tuition and fees as provided by Act 678 of 1975 for Arkansas residents. I understand that this waiver may be less than my actual tuition and fees if they are covered by other grants and/or scholarship funds.

Appropriate documentation of age and proof of Arkansas residency must be submitted before your application will be considered. Examples are a valid driver's license or state-issued ID. If appropriate documentation cannot be obtained, please complete the affidavit below with an official Notary Public.

My signature below indicates that I am at least sixty years of age and an Arkansas resident. All information I have submitted is true and correct to the best of my knowledge. If any information is later found to be invalid, my waiver will be removed from my account, and I may owe a balance to Arkansas Tech University.

Signature _____ Date _____

Only Required if Documentation of Age is Not Available:

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 _____,

Name

Month/Day/Year

at _____.

City

State

State of Arkansas County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

SEAL OF
OFFICE

Notary Public

Commission Expiration Date