



**THE
ALABAMA
COLLEGE
SYSTEM
SENIOR
ADULT
TUITION
WAIVER
APPLICATION**

INSTITUTION: Shelton State Community College

SEMESTER ATTENDING: Fall 20____ Spring 20____ Summer 20____

NAME OF SENIOR ADULT: _____

STUDENT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ (MUST BE 60 YEARS OF AGE OR OLDER)

Course Number & Title	Credit Hours	Staff Approval
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously taken courses at an Alabama Community College?

YES NO

If YES, you must attach an unofficial transcript to this application. You may obtain an unofficial Shelton State transcript from Enrollment Services.

I hereby certify under penalty of perjury that the information above is true and correct.

Signature of Senior Adult Applicant

Date

***Forward signed form and transcripts to Nicole Elam in room 1755.*

I have reviewed this application and hereby certify the applicant for eligibility under the Alabama College System Senior Adult Tuition Waiver.

Signature of Scholarship Representative

Date

It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment. Important information about the educational debt, earnings, and completion rates of students attending programs can be found at sheltonstate.edu/gainfulemployment.