



SOUTHERN UNION

STATE COMMUNITY COLLEGE

Senior Adult Scholarship Program

Please process my tuition through the Senior Adult Scholarship Program. I understand that this is a tuition only waiver and that I am required to pay for fees and books.

In order to qualify for this assistance, I understand that I must be (60) years of age or older and provide a valid photo ID, including birthdate.

My date of birth is _____ . I certify that I qualify for this program because of my age.

Signature of Student

Date

Mailing Address

Last 4 Digits of Social Security #

Student A Number

Term

Course Name and Number

For Office Use Only
Driver's License Rec'd <input type="checkbox"/>
Processed By _____
Date Entered _____