

# SOUTHERN UNION STATE COMMUNITY COLLEGE

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## MEMORANDUM

To: Registrar's Office  
Business Office

RE: **Senior Adult Scholarship Program**

Please process my tuition through the **Senior Adult Scholarship Program**. I understand, however, that I am required to pay for fees and books.

In order to qualify for this assistance, I understand that I must be sixty (60) years of age or older.

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

Signature of Student \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street/ P.O. Box Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Term \_\_\_\_\_

COURSE NUMBER AND NAME:  
\_\_\_\_\_  
\_\_\_\_\_

**Wadley Campus**  
P.O. Box 1000  
Wadley, AL 36276  
256/395-2211

**Opelika Campus**  
1701 LaFayette Pkwy.  
Opelika, AL 36801  
334/745-6437

**Valley Campus**  
Fob James Drive  
Valley, AL 36854  
334/756-4151