

FINANCIAL AID OFFICE 32000 Campus Drive | Brunkhorst Hall (BH) Room 109 Salisbury, MD 21804 Phone: 410-334-2905 | Text: 410-883-5337 Fax: 410-334-2901 | E-mail: financialaid@worwic.edu

## COMMUNITY COLLEGE TUITION WAIVER CERTIFICATION FORM FOR SENIOR CITIZENS

Please complete sections A and B of this form. Once completed, please submit this form and a copy of your valid (unexpired) Maryland photo identification to the Financial Aid Office. Your tuition waiver cannot be posted until this completed form and photo identification are received and your eligibility for the waiver has been confirmed.

Last Name     First Name     Date of Birth     Student ID # (7 digits)       Image: State of Date of	t Name	
Street Address City State Zip Code	eet Address	
E-mail Address Preferred Phone # Alternate Phone #	E-mail Address	
B. Student Eligibility Certification and Signature		
My signature certifies that I am at least 60 years old by the first day of the term for which I am requesting a waiver. My signature also acknowledges that I am aware of the other eligibility requirements including:		
<ul> <li>Paying for all course fees and related expenses,</li> </ul>		
<ul> <li>Maintaining Maryland residency.</li> </ul>		
Churdwark Circashura	deut Cimeture	
Student Signature Date	ident Signature	
C. Financial Aid Office Approval	Financial Aid Office App	
Please verify that the student has completed sections A and B above and that valid (unexpired) Maryland photo identification has been provided to verify the student's date of birth and Maryland residency.	-	
Date of Birth on (FAO Comments)		
identification (FAO COMMENTS)		
Type of Maryland photo identification		
Expiration of Maryland		
photo identification	oto identification	
Term enrolled	m enrolled	
Number of credits enrolled	mber of credits enrolled	
in term	erm	