



**Enrollment Services**  
3441 Mountain Empire Road  
Big Stone Gap, VA 24219  
(276) 523-7474

## Student Tuition Assistance Agreement for Senior Citizens

Name: \_\_\_\_\_ Term: \_\_\_\_\_

EMPLID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### ☐ Credit Courses

I hereby certify that I am qualified for free tuition for credit courses by meeting the following criteria:

- 60 years of age or older
- A legal domiciled resident (12 months) of Virginia
- Had a taxable income not exceeding \$23,850 for Virginia Income Tax Purposes for the year preceding the year in which enrollment is sought
- Have been admitted to the college as a student

### ☐ Audit Courses

I hereby certify that I am qualified for free tuition for auditing of credit courses or for taking non-credit courses (not to exceed three courses per semester) by meeting the following criteria:

- 60 years of age or older
- A legal domiciled resident (12 months) of Virginia
- Have been admitted to the college as a student.

I understand that I will be enrolled in the following course(s). I also understand that the Senior Citizens Higher Education Act of 1974 provides that "tuition-paying students are accommodated in courses before senior citizens participating in this program are enrolled".

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Enrollment Services Use Only

Course	Class #	Credit	Audit

Tuition \$ \_\_\_\_\_ Amount covered by agreement \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_ Amount to be paid by student \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Enrollment Services Approval: \_\_\_\_\_

Campus Business Office Approval: \_\_\_\_\_

### Payment Record (For Office Use Only)

Date	Amount	Receipt Number	Initials

Term: \_\_\_\_\_ Acct #: \_\_\_\_\_

ES: \_\_\_\_\_ Date: \_\_\_\_\_