

## Senior Citizens Tuition Assistance Agreement

Office of the Registrar • 645 Patriot Avenue • Martinsville VA 24112  
Phone: 276-656-0312 • Fax: 276-632-0183

Student's SSN (last four digits only): xxx- xx- \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ EMPIL ID: \_\_\_\_\_

Last Name	First Name	MI	Jr., 3 <sup>rd</sup>
Street Address	City	State	Zip (____) AreaCode Phone #

- A. To be eligible for free tuition and fees **and receive academic credit**, a person must meet the following criteria:
1. Be 60 years of age or older
  2. Be domiciled in Virginia for a minimum of a one-year period prior to the beginning of classes for the semester/term for which one seeks assistance
  3. Be admitted to the college as a student
  4. Had a taxable individual income **not exceeding \$23,850** for Virginia Income Taxes for the year preceding the semester of enrollment.
  5. Be admitted to a course(s) after tuition paying students have been accommodated. Enrollment for credit courses will be the first official day of the class.
- B. To be eligible for free tuition and fees **to audit** credit courses or to enroll in non-credit courses, a person must meet the following criteria:
1. Be 60 years of age or older
  2. Be domiciled in Virginia for a minimum of a one-year period prior to the beginning of classes for the semester/term for which one seeks assistance.
  3. Be admitted to the college as a student

**(Please check only one option)**

- A. \_\_\_\_\_ I hereby certify that I am qualified for free tuition **for credit** classes under the Senior Citizens Higher Education Act, as amended. **(Copy of federal taxes required)**.
- B. \_\_\_\_\_ I hereby certify that I am qualified for free tuition **for audit** of credit classes or for taking non-credit classes under the Senior Citizens Higher Education Act, as amended.

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Records Office

\_\_\_\_\_  
Date