



APPLICATION FOR WAIVER OF TUITION AND FEES AS PROVIDED BY ACT 678 OF 1975 FOR PERSONS SIXTY (60) YEARS OF AGE OR OLDER AND AN ARKANSAS RESIDENT (Must apply each semester)

I hereby apply for the waiver of tuition and fees as provided by Act 678 of 1975.

APPROPRIATE DOCUMENTARY EVIDENCE OF MY AGE IS ATTACHED TO THIS APPLICATION. (an official copy of school record, copy of birth certificate, military paper, driver's license)

Name: Last First Middle Maiden

Address: Street City State Zip

Date of Birth: Social Security Number:

Please mark the semester you plan to attend: Fall Spring Summer

Signature of Applicant

If documentary evidence of age is not available, please complete the following statement in the presence of a Notary Public:

AFFIDAVIT

I, hereby affirm the date of my birth as at Month/Day/Year City State Zip

Subscribed and sworn before me this day of 20

Notary Public

SEAL

Address

Return Form to: CCCUA Financial Aid Office P.O. Box 960

It is the policy of UA Cossatot not to discriminate on the basis of race, color, national origin, sex, age, religion, disability or other unlawful factors in the admission and treatment of students.

UA Cossatot is in compliance with applicable laws and regulations in student and employment recruitment, admission, programs and activities. The ADA Coordinator can be reached by call 870.584.4471 or 1.800.844.4471, or by contacting AR Relay Voiced Services for the Deaf and Hearing Impaired at 1.800.285.1121