

## 2024-2025

## 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, or driver's license).

Name:				
	Last F	First	Middle	Maiden
Address:				
	Street	City	State	Zip
Date of Birth:		Student ID #	:	
Please mark	the semester you plan to a	attend: Fall	Spring Summer_	
	Signature of Applicant			Date
	ary evidence of age is <u>not</u> a Notary Public:			ng statement in the
		AFFIDAVI	I	
[,		hereby	affirm the date of my	birth as
	ş	nt		
Month	n/Day/Year	City	State	Zip
Subscribed a	and sworn before me this _	day of		_20
	SEAL			
		Notary Publ	ic	
		A.1.		
		Address		

Return Form to: UA Cossatot Financial Aid Office, 183 College Drive, De Queen, Ar. 71832

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