



ENTERPRISE STATE  
COMMUNITY COLLEGE

## Senior Adult Scholarship

Name \_\_\_\_\_ Student ID Number (A) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I am applying for the **Senior Adult Scholarship Program**. As long as I meet the eligibility requirements, I understand that I am responsible to pay for fees and books. In order to qualify for this assistance, I understand that I must be sixty (60) years of age or older.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Submitted a copy of driver's license or birth certificate.

Semester *Fall Spring Summer* Year \_\_\_\_\_

Course(s) \_\_\_\_\_

Hour(s) \_\_\_\_\_

### FOR OFFICE USE ONLY

**Registrar:** Please ensure that the student listed above meets these requirements.

- ☐ Meets institutional admission including good academic standing.
- ☐ Meets any specific admission standards established for a program of study, and any specific admission standards for a course, including prerequisites.
- ☐ The student is seeking an associate degree or a certificate program.
- ☐ This student is registered for a developmental or credit course(s).
  - ☐ This student is approved for a Senior Scholarship.
  - ☐ This student does not meet all requirements above and thus is not eligible.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Aid

- ☐ This student has not received a waiver previously for this course.
- ☐ Aid applied
- ☐ Forms scanned and filed

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_