



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: _____