

.....
Student Name _____

Student ID _____ Phone Number _____

Mailing Address _____
STREET/PO BOX CITY STATE ZIP CODE

Please indicate your category of eligibility: Member of Armed Forces Native American Veteran Senior Citizen

Please indicate type of waiver requested: Matriculated student tuition waiver Space available tuition waiver

Academic Year: 20_____

AFFIDAVIT OF ELIGIBILITY

Please read the following affidavit of eligibility and sign only if all of the statements are true:

“I am applying for a categorical tuition waiver and I certify that:

- I am a permanent legal resident of Massachusetts and have been so for at least one year, and I am a United States citizen or eligible noncitizen.
- I am in compliance with applicable Selective Service Registration laws.
- I am not in default of any federal or Massachusetts student loans or owe a refund for any previously received federal or state financial aid, and
- If I apply for need-based financial aid through BCC’s financial aid office, I agree to notify them that I am also applying for a categorical tuition waiver, and
- I have provided Berkshire Community College with the required documentation to substantiate my eligibility for the above-referenced categorical tuition waiver.”

Student Signature _____ Date _____

Please submit this application along with the documentation needed to substantiate your eligibility to the Registrar’s Office, registrar@berkshirecc.edu.

OFFICE USE ONLY

Approval Signature _____ Date _____

Notes: