

TUITION FEE WAIVER SCHOLARSHIP APPLICATION

Fall 02 Semester

ELIGIBLE _____ Y _____ n

NUMBER OF HOURS AWARDED _____

PAID \$ _____ DATE _____

STAFF MEMBER _____

To be eligible for a Tuition Fee Waiver Scholarship, the student must:

(1) be an Oklahoma resident; (2) be in good academic standing; (3) maintain enrollment of at least six credit hours (4) obtain your current "Academic History" at the Admissions desk; (5) answer each question, date and sign the application; (6) not submit more than one application; and, (7) present this application with attached Academic Histories from all schools attended beyond high school to the Student Financial Aid Center by August 2, 5:00 p.m.,

Student's Name _____ ID# _____
Last First MI

Student's Major _____ Oklahoma Resident? Yes _____ No _____

Tuition Fee Waivers are awarded by various divisions/departments of Oklahoma City Community College. Please indicate the division/department to which you are applying (check only one). If more than one is checked or if more than one application is submitted, none will be considered.

- | | | |
|--|--|--|
| <input type="checkbox"/> Arts and Humanities | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Business | <input type="checkbox"/> Multi-Divisional Programs | <input type="checkbox"/> Talent |
| <input type="checkbox"/> Cooperative Technical Education | <input type="checkbox"/> President | <input type="checkbox"/> Vice President for Academic Affairs |
| <input type="checkbox"/> Health Professions | <input type="checkbox"/> Science and Mathematics | <input type="checkbox"/> Vice President for Student Services |
| <input type="checkbox"/> Honors | | |

OPTIONAL

Please list up to three Oklahoma City Community College faculty references.

1. _____ 2. _____ 3. _____

Please list the courses (name and course number) you plan to take this semester. EXAMPLE: Art 1013

Total number of credit hours you plan to take this semester: _____ Did you receive financial aid during the 2000-01 school year? _____

Please check the income range for yourself and your spouse (if applicable) if you are independent **or** for you and your parents if you are dependent.

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. \$00,000-\$11,999 | <input type="checkbox"/> 3. \$17,000-\$21,999 | <input type="checkbox"/> 5. \$27,000-31,999 |
| <input type="checkbox"/> 2. \$12,000-\$16,999 | <input type="checkbox"/> 4. \$22,000-\$26,999 | <input type="checkbox"/> 6. \$32,000 and over |

How many family members share the income indicated? _____

The above information is correct _____
Student Signature Date

Departmental Use Only

TUITION FEE WAIVER APPROVAL

Departmental Use Only

Number of Credit Hours Approved: _____

Circle Dept. Code: AH BUS AVA HP HON IT MD PR SM SS TL VAA VS

Division/Department Approval _____ Date _____ Student Financial Aid Approval _____ Date _____

DEPARTMENT CODES FOR TUITION FEE WAIVER

Fall 2002

<u>ALLOCATED UNIT</u>	<u>REPRESENTATIVE</u>	<u>CODE</u>
Arts and Humanities	Ms. Susan VanSchuyver	AH
Business	Mr. James Schwark	BUS
Cooperative Technical Education	Dr. Brenda Harrison	AVA
Health Professions	Dr. Jo Ann Cobble	HP
Honors	Ms. Melinda B. Bergin	HON
Information Technology	Mr. Al Heitkamper	IT
Multi-Divisional Programs	Dr. Mary Ann Merz	MD
President's Office	Dr. Robert P. Todd Ms. Janice Phillips	PR
Science and Mathematics	Ms. Anna Wilson	SM
Social Sciences	Dr. John Hughes	SS
Talent	Ms. Susan VanSchuyver	TL
Vice President for Academic Affairs	Dr. Paul Sechrist	VAA
Vice President for Student Services	Dr. Marion Paden	VS