

900 _____ - _____ - _____ / ____ / ____
Bristol ID number Social Security number Date of Birth

Last Name First Name M. I.

Street Address City State ZIP

Check one box below to indicate the type of categorical waiver you are requesting:

| Type of Waiver | Documentation Required (documentation must be attached to the request) |
|--|--|
| <input type="checkbox"/> Veteran Tuition Waiver (wartime) | DD214 - Member 4 copy For the purpose of this waiver, the definition of a <u>veteran</u> is: <ol style="list-style-type: none"> Served in Spanish War, World War I, World War II, Korean, Vietnam, Lebanese peacekeeping force, Granada rescue mission, Panamanian intervention force, or the Persian Gulf. Served in the Army, Navy, Marine Corps, Coast Guard or Air Force for a total of ninety days with at least one day of which was wartime service or at least one day served in the Somalian mission known as "Operation Restore Hope". Less than ninety days will qualify if there was a service-connected disability, received Purple Heart, received Campaign Medal in Lebanese or Grenada mission or died. Last discharge is at least under honorable condition |
| <input type="checkbox"/> Armed Forces (active duty) | Letter signed by commanding officer certifying your station and residence <ul style="list-style-type: none"> For the purpose of this waiver, must be an active member of the Armed Forces (Army, Navy, Marine, Air Force, or Coast Guard) stationed and residing in Massachusetts |
| <input type="checkbox"/> Senior Citizen | Valid government-issued ID card or birth certificate – Age 60+ <ul style="list-style-type: none"> This waiver is valid only for tuition. Students will be fully responsible for the cost of fees |
| <input type="checkbox"/> Native American | Certification from the Bureau of Indian Affairs |
| <input type="checkbox"/> Client of Massachusetts Rehabilitation Commission | Certification from Massachusetts Rehabilitation Commission |
| <input type="checkbox"/> Client of Massachusetts Commission for the Blind | Certification from the Massachusetts Commission for the Blind |

I understand that I must be enrolled in a minimum of three credits and in an eligible certificate or associate degree program.

I certify that

- I will complete the Free Application for Federal Student Aid (FAFSA) if I choose to be considered for need-based aid for this period.
- I have been a lawful Massachusetts resident for at least one year prior to the start of the academic year.
- I am a United States citizen or eligible non-citizen.
- I am in compliance with Selective Service Registration laws (males born in 1960 or later).
- I am not in default of any federal or state student loan or owe a refund for any previously received federal or state financial aid.

I agree that

- I will furnish Bristol with documentation that is required to determine my eligibility for the Massachusetts categorical waiver.
- I accept full responsibility for payment of all outstanding charges if my eligibility is not substantiated.

Student Signature

Date

Return this completed form, with documentation, to the Financial Aid Office located in the Enrollment Center, Fall River Campus. Must be received in the Financial Aid Office, with documentation, at least five days before the tuition due date.