

Senior Citizen Discount Form 2023-2024

Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail. Our contact information is at the bottom of the page.

Student Name:	Student ID#:			
Date of Birth:	Age:	Social Security Number:		
I plan to attend classes at Southern State for t	:he following terms	(Please check all that apply).		
Fall 2023Spring 2024	Summ	ner 2024		
·		te Community College catalog (Any person age sixt s). Please check the appropriate information for CR		
Courses will be taken for audit (tuit	ion free; lab fees w	ill be charged)		
year prior to taking classes may qualify for FRI Guideline as revised annually by the US Secret	EE tuition, if the far tary of Health and I	of age or older who resides in Ohio for at least one mily income is less than 200% of the federal poverty Human Services. (See income guidelines listed belo to determine financial eligibility for college credit	У	

2022 Poverty Guidelines	200%
Persons in family/household	Poverty guideline
1	\$ 29,160
2	\$ 39,440
3	\$ 49,720
4	\$ 60,000
5	\$ 70,280
6	\$ 80,560
7	\$ 90,840
8	\$ 101,120
For families/households with more than 8 persons, add \$10,280 for each additional person	

***PLEASE COMPLETE THE FINANCIAL REVIEW FORM ON THE REVERSE SIDE IF YOU ARE SEEKING TO TAKE THE COURSES FOR FREE COLLEGE CREDIT.

Phone: 800.628.7722 ext. 2515 | Fax: 937.393.6682 | <u>financialaid@sscc.edu</u> | 100 Hobart Drive, Hillsboro, Ohio 45133

<u>FINANCIAL REVIEW FOR FREE COLLEGE CREDIT</u> Please note that you do not need to complete the financial review if you are taking the courses for audit only, just sign and return this form to the Office of Financial Aid, Southern State Community College, 100 Hobart Drive, Hillsboro, Ohio 45133.

Please list the household members (including you the student) and their relationship to the student if more than 50% of their support is coming from the household:

	Name	Rela	ntionship to Student			
\$	Adjusted Gross Income from tax return (if a tax return is filed)					
\$	Yearly amount of Social Security for all members of the household					
\$	Yearly amount of income from all retirement benefits for all household members					
\$	Other yearly total of income from any ot	ther source for all househol	ld members			
Student's Signatu	re:	ID#:	Date:			
Office Use Only:						
SSCC Representa	ative's Signature:		Date:			

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