

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 the following terms (Please check all that apply).

_____ Fall 2024 _____ Spring 2025 _____ Summer 2025

I request a Senior Citizen discount as defined in the Southern State Community College catalog (Any person age **sixty or over** who meets the residency requirements for tuition purposes). Please check the appropriate information for CREDIT COURSES ONLY:

_____ Courses will be taken for audit (tuition free; lab fees will be charged)

_____ Courses will be taken for credit. A person sixty years of age or older who resides in Ohio for at least one year prior to taking classes may qualify for FREE tuition, if the family income is less than 200% of the federal poverty Guideline as revised annually by the US Secretary of Health and Human Services. (See income guidelines listed below.) Student must complete the Financial Review on the reverse side to determine financial eligibility for college credit eligibility for FREE credit.

2024 Poverty Guidelines	200%
Persons in family/household	Poverty guideline
1	\$ 30,120
2	\$ 40,0880
3	\$ 51,640
4	\$ 62,400
5	\$ 73,160
6	\$ 83,920
7	\$ 94,680
8	\$ 105,440
For families/households with more than 8 persons, add \$10,760 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.**

FINANCIAL REVIEW FOR FREE COLLEGE CREDIT 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	Relationship 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 other source for all household members

I certify that the above information is true and correct, realizing that false information could cause a financial penalty and dismissal from Southern State Community College. I understand that, if asked, I may have to submit a copy of my 2024 income tax return, if filed).

Student's Signature:

ID#:

Date:

Office Use Only:

SSCC Representative's Signature:

Date: