

2026-2027 SENIOR CITIZEN TUITION WAIVER

Name _____ DOB: _____

Address _____ City/State/Zip: _____

Student ID#: _____ Home Phone: _____

(Check one)

☐ Undergraduate☐ Graduate**Semester Requested (check one)**☐ Fall 2026☐ Spring 2027☐ Summer 2027

This form must be presented to the Office of Financial Aid & Scholarships, **each semester**. The Senior Citizen Tuition Waiver covers **tuition only** for up to six credit hours per semester. Students are responsible for the payment of all additional fees.

***Please Note:** If you have received the senior waiver in the past, your financial aid award may look different than in previous years. We have integrated a new process for these waivers. However, there is no difference in the funding, and you will still receive your waiver for the correct amount.

Eligibility

Persons in family/household (exemptions)	Poverty guideline (Adjusted Gross Income)
1	\$33,562
2	\$44,533
3	\$55,500

***Please Note:** These are values based on Section 4 of the Senior Citizens and Disabled Persons Property Tax Relief Act according to the Senior Citizens Courses Act (110 ILCS 990).

Students accepted for admission that are 65 years of age or older and meet the above criteria shall be permitted to enroll in regularly scheduled courses, on a credit or noncredit basis, without the payment of tuition, provided that available classroom space exists, and tuition-paying students enrolled constitute the minimum number required for the course. This regulation shall not apply to courses offered only on a noncredit basis or to courses designed especially for senior citizens. **This application must be completed for each term that the waiver is desired.**

Accordingly, senior citizens are required to provide income documentation. A copy of the 2025 Tax Return Transcript or a 2025 Non-Filer Statement from the IRS must be submitted with this application as income documentation.

***Please Note:** This supporting documentation must be submitted every academic year.

Signature _____

Date _____

Financial Aid Approval _____

Date _____