

# STUDENT LIFE TUITION WAIVER APPLICATION

Return completed form to the BPCCC Office of Student Life (F-220)

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Application for Academic Year: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Permanent Address: \_\_\_\_\_  
(Street Address or Box Number)

\_\_\_\_\_  
(City) (State) (Zip)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Citizenship: US Citizen \_\_\_\_\_ Permanent Resident Alien \_\_\_\_\_ International Student \_\_\_\_\_

Legal resident of Louisiana? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, state of legal residency? \_\_\_\_\_

If not already enrolled, when do you plan to enroll at BPCCC?

Summer \_\_\_\_\_ (year)       Fall \_\_\_\_\_ (year)       Spring \_\_\_\_\_ (year)

What is your intended major at BPCCC? \_\_\_\_\_

High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

GED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Cumulative GPA: High School \_\_\_\_\_ College \_\_\_\_\_

List special talents, abilities, leadership qualities, & extracurricular achievements. (Use additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check which tuition waiver(s) you are interested in and a copy of this application will be forwarded to the advisor of each organization indicated. A separate organization application may be required:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> BPCCC Debate Club            | <input type="checkbox"/> BPCCC Gospel Choir             | <input type="checkbox"/> Cavalier Cheerleaders/Mascot    |
| <input type="checkbox"/> Cavalier Players Drama Club  | <input type="checkbox"/> Communication Media Club       | <input type="checkbox"/> Concert Choir & Chamber Singers |
| <input type="checkbox"/> Instrumental Music Ensembles | <input type="checkbox"/> Ladies in Gold Danceline       | <input type="checkbox"/> Maroon Jackets                  |
| <input type="checkbox"/> Ms. BPCCC                    | <input type="checkbox"/> Student Government Association |  |

By signing below I authorize verification of my GPA and academic standing.

\_\_\_\_\_  
Print Name Signature Date

**FOR OFFICE USE ONLY:** \_\_\_\_\_ GPA \_\_\_\_\_ Hours