



2017-2018 Waiver Activation Form

***Please provide us with your current information. Check off which section applies to you and complete the corresponding information for that section, then sign and date at the bottom:**

Name: _____ ECC ID#: _____
Address: _____ City _____ State _____ Zip _____
Phone #: _____ Email: _____

- ESL Waiver:** This in-district tuition waiver for up to three credit hours is good for up to one year from the date of successful completion of level 10 of the ESL program (ESL 019, ESL 099, ABE 035, or ASE 036) or the intensive English program at ECC. **This waiver is for tuition only.**

For which course do you wish this waiver to pay for? _____ Term/year: _____

- GED Waiver:** This in-district tuition waiver of up to three credit hours is valid for one year from the issue date of the Illinois High School Equivalency transcript. Student must live in-district, successfully complete a High School Equivalency preparation class at ECC and pass on of the following approved exams: GED, HiSET, or TASC (**must provide a copy of your Illinois High School Equivalency transcript**). **This waiver is for tuition only.**

When did you **pass** the GED Examination? (Date) _____

Course Title you wish to pay for: _____ Term: _____ Year: _____

- Honors Course Tuition Waiver:** You must have completed an Honors course with a grade of "B" or better and have at least a cumulative 3.25 GPA. This award is for an in-district tuition waiver for the number of hours of the completed Honors course. The Honors award can be used up to a total of 15 credit hours, and is valid for one year from the time the Honors course is completed. **This waiver is for tuition only.**

Honors Course completed: _____ Term completed: _____ Grade: _____

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I would like _____ credit hours applied to the _____ term/year for the following Honor Courses:

Honor Course: _____ Honor Course: _____

- Private Scholarship*** (please indicate name) _____

**(Private scholarships: If you have never used this scholarship, please submit letter from the donor).*

Donor: _____ Donor Phone: _____ Scholarship Amount: \$ _____

Is this a one-time scholarship? YES NO

Enrollment Status: Full-time (12+ credit hours) Part-time (1 – 11 credit hours)

I wish to have funds applied to the following semester(s): Summer 2017 Fall 2018 Spring 2018

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount: _____ Term: _____ Credits enrolled _____ GPA: _____ Date applied: _____ Staff: _____