



## Application for Massachusetts Categorical Tuition Credit Award Year 2018-2019

Name: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Categorical Tuition Credit Applying for:

- \_\_\_\_\_ Massachusetts Rehabilitation or Commission for the Blind Tuition Credit
- \_\_\_\_\_ Native American Tuition Credit
- \_\_\_\_\_ Senior Citizen Tuition Credit

Below tuition credits also require [Veterans Services Certification Request](#) be completed each semester through Office of Veterans Services

- \_\_\_\_\_ Veteran Tuition Credit
- \_\_\_\_\_ Member of Armed Forces Tuition Credit
- \_\_\_\_\_ National Guard

I understand that in order to be eligible for a categorical tuition credit at the University of Massachusetts Lowell I certify that I meet the following criteria:

- I have been a lawful Massachusetts resident for at least one year prior to the start of the academic term/s for which the Massachusetts categorical tuition credit is being sought. \_\_\_\_\_ **Initial**
- I am enrolled in at least 3 undergraduate credits in a degree program. \_\_\_\_\_ **Initial**
- I am a United States citizen or eligible non-citizen. \_\_\_\_\_ **Initial**
- I will also complete an appropriate year Free Application for Federal Student Aid (FAFSA), IF, I will be applying for need-based financial aid during the same academic year for which I am seeking the Massachusetts categorical tuition credit. \_\_\_\_\_ **Initial**
- I am in compliance with Selective Service Registration laws. \_\_\_\_\_ **Initial**
- I am not in default of any federal student loans or owe a refund for any previously received financial aid. \_\_\_\_\_ **Initial**
- I am not in default of any Massachusetts State student loans or owe refunds to any Massachusetts State financial aid programs. \_\_\_\_\_ **Initial**
- I will furnish the institution with any and all documentation that is required in the determination of their eligibility for the Massachusetts categorical tuition credit. \_\_\_\_\_ **Initial**

By signing this statement, I am confirming that I meet the above criteria and am therefore eligible to receive the Categorical Tuition Credit at the University of Massachusetts Lowell.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return form to:**  
**Student Financial Services**  
**220 Pawtucket Street, Suite M30**  
**Lowell, MA 01854-5110**

**Email to: [CategoricalApplication@uml.edu](mailto:CategoricalApplication@uml.edu)**  
**Fax to: (978) 934-3057**