Application for Massachusetts Categorical Tuition Waiver
Award Year 2014-2015

Name:_______________________________________________________________________________________
(Please Print)
Mailing Address:______________________________________________________________________________
City/State/Zip:_________________________________________________________________________________
Phone: ___________________________Student: _____________________________________________________

Categorical Tuition Waiver Applying for:
_____ Veteran Tuition Waiver
_____ Native American Tuition Waiver
_____ Senior Citizen Tuition Waiver
_____ Member of Armed Forces Tuition Waiver
_____ National Guard
_____ Massachusetts Rehabilitation or Commission for the Blind Tuition Waiver

I understand that in order to be eligible for a categorical tuition waiver 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 waiver is being sought. _____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 waiver. _____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 waiver. _____Initial

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

__________________________________________                     ___________________________
Signature                                                         Date

Return form to:       Email to: Monica_Vachon@uml.edu
Student Financial Services     Fax to: (978) 934-3057
220 Pawtucket Street, Suite M30
Lowell, MA 01854-5110