Jefferson College

1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 797-3000 Ext. 3212 or (636) 481-3212 • Fax (636) 789-5103

BOARD OF TRUSTEES SENIOR CITIZEN SCHOLARSHIP

This scholarship is available as of January 1, 1999 through the Missouri General Assembly in House Bill NO. 1694, section 173.241.

Application Procedures

To apply for the scholarship, please follow these steps:

1. Apply for admission to Jefferson College.
2. Complete this application.
3. Provide proof of age (e.g., Birth Certificate, Driver's License).
4. Complete the Request for Alternative Grade Option Form (additional form at the bottom).
5. Submit all documentation in one of two ways:
    - In person: Bring the completed application and all other documentation to Enrollment Services.
    - Via email: Email the application and all other documentation to register@jeffco.edu.

Applications will be accepted throughout the year. There is no deadline for this award.

Awarding Criteria of Recipients

1. Any Missouri resident who is at least 65 years of age on or before August 1 of the school year may take college level courses (audit only) at Jefferson College tuition free.
2. The scholarship covers only the cost of tuition. The student is responsible for the cost of technology fees, lab fees, supplies and textbooks.
3. This scholarship is limited to study in college courses that are not typically in high-demand by degree-seeking students. **To confirm space is available, scholarship recipients may not be permitted to register for classes until the Friday before classes begin.**
4. All course prerequisites must be met.
5. When registering for college level courses the student must elect to "audit" the course(s).

Please Complete this Section and Sign Below

Check the semester(s) and write the year for which you plan to attend with Jefferson College:
☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___
(Please check all boxes if you plan on attending every semester.)

Name_____ Student ID_____
Last First M.I.

Home Telephone :(_____) _____ Date of Birth_____/_____/_____

Home Address_____
Street Address

_____
City State Zip Code

I certify that the information in this application is correct to the best of my knowledge and I understand that by taking advantage of this Senior Citizen Scholarship, I must elect to audit the course.

_____ _____
Signature ***Date***

Please return to: Jefferson College, Enrollment Services or Financial Aid Office, 1000 Viking Drive, Hillsboro, MO 63050

Request for Alternative Grade Option

Student Name:_____ **V#:**_____

Date of Birth *(M/D/Y):*_____ **Cell Phone:**_____

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
(year) *(year)* *(year)*

CRN#:_____ **Subject/Course:**_____ **Section #:**_____

Title:_____ **Instructor:**_____

Advisor:_____

I, the undersigned, am petitioning to register for the following course using a different grade option.

☐ Audit - I understand that this course will not be included in my grade point average or cumulative credit hours at Jefferson College *(form must be received by the first half of the semester)*.

☐ Satisfactory/Unsatisfactory - I understand that this course will not be included in my grade point average *(form must be received by the first week of the semester)*.

_____ _____
Student Signature **Date**

_____ _____
Instructor Signature **Date**