WESTERN TECHNICAL COLLEGE

OUT-OF-STATE TUITION WAIVER REQUEST

NAME OF STUDENT: _____
Last First Middle Former Name

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____ /_____ /_____
month day year

PRESENT ADDRESS: _____
Street

_____ (_____)_____
City State Zip Code Telephone Number

My family's financial status is such that they do not have the financial resources to assist me to pay out-of-state tuition at Western Technical College. In addition, my own financial status is such that I cannot pay the out-of-state tuition.
I understand that I must apply for financial aid and qualify for the PELL grant in order to be eligible for the out-of-state waiver. (Dislocated workers will be determined eligible through documentation from their funding agency.)

Are you a dislocated worker? Yes_____ No ____

_____
Student Signature

_____
Date

PLEASE RETURN THIS COMPLETED FORM TO:
Western Technical College
Jayne Wells, Enrollment Services
400 7th St N
La Crosse, WI 54602-0908

FOR OFFICE USE ONLY:

APPROVED_____ DENIED _____

_____ _____
Signature Date

03/10