



SOUTHWEST VIRGINIA COMMUNITY COLLEGE

APPLICATION FOR REDUCED TUITION RATE

This form is only valid through the current academic year (Summer, Fall, and Spring) and must be completed each school year.

NAME: _____

EMPLID OR SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
PO BOX / STREET ADDRESS CITY STATE ZIP

PHONE NUMBER: _____

By completion of this form I certify that I live in one of the following states:

- West Virginia; and one of the following counties:
___ Monroe
___ Mercer
___ Summers
___ Greenbrier
___ McDowell

Tennessee; and I live within 30 miles from _____
Community College in Virginia.

STUDENT SIGNATURE DATE

ADMISSONS OFFICE USE:

Processed by: _____ Date: _____
Term: _____ Year: _____