

Senior Citizen Discount Form 2024-2025

Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail. Our contact information is at the bottom of the page.

Student Na	ame:		Student ID#:	
Date of Bir	rth:	Age:	Social Security Number:	
COURSES (ONLY:			
_ (Courses will be taken for audit (uition	free;lab fees will	be charged)	
_	Courses will be taken for credit. A person sixty years of age or older who resides in Ohio for at least one			
year prior	to taking classes may qalify for FREE t	uition, if the famil	y income is less than 200% of the federal poverty	
Guideline a	as revised annually by the US Secretar	ry of Health and H	uman Services. See incomeguidelines listed below.)	
Student m	nust complete the Financial Review on	the reverse side t	o determine financial eligibility for college credit	
eligibility f	for FREE credit.			

2024 Poverty Guidelines	200%
Persons in family/household	Poverty guideline
1	\$ 30,120
2	\$ 40,0880
3	\$ 51,640
4	\$ 62,400
5	\$ 73,160
6	\$ 83,920
7	\$ 94,680
8	\$ 105,440
For families/households with more than 8 persons, add \$10,760 for each additional person	

^{***}PLEASE COMPLETE THE FINANCIAL REVIEW FORM ON THE REVERSE SIDE IF YOU ARE SEEKING TO TAKE THE COURSES FOR FREE COLLEGE CREDIT.

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