



S _____

Student's CCA ID Number

Senior Citizen Grant

Please complete form electronically or in black ink.

Student's Printed Name: _____ Phone Number: _____

Terms and Conditions of Grant

1. The student must be a Colorado resident and must be 60 years of age or older by the end of the semester for which they are applying.
2. The student is eligible to receive a **50% discount on resident tuition**, in any course at CCA for credit. However, all fees and any charges related to the course(s) are the sole responsibility of the student.
3. This grant is available for Fall and Spring semesters depending on continuing eligibility and available funding.
4. The student must apply for the College Opportunity Fund (COF) Stipend in order to get the reduced tuition rate. If the student is not eligible for COF or does not apply for COF, the student is responsible for the difference in tuition between resident CCA course tuition and the final tuition amount. Please note that some courses are not eligible for COF; also, courses that are audited are not eligible for COF.
5. Funds from the grant are only to be used for tuition assistance at the Community College of Aurora. It is the student's responsibility to notify the Financial Aid Office of any course changes.
6. This grant cannot be used in conjunction with other CCA Institutional Grants.
7. A new grant request must be submitted with every course revision. Course revisions may change the amount due. The student is responsible for notifying the financial aid office of any changes to enrollment. Every grant request must be submitted by the end of the registered semester.
8. This grant is contingent upon the availability of funds. The college reserves the right to adjust or cancel the Senior Citizen Grant at any time.

PREFIX	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER & YEAR
ENG	121	(Example) English Composition I (Example)	3	Fall 2021

I hereby certify that I have read the above terms and conditions of this grant and accept the award indicated on this form. If I do not receive the grant, I understand that I am responsible for all charges.

Student Signature: _____ Date: _____

For Financial Aid Office Use Only:

Approved: Yes No

If No: Reason

Credit hours: _____ Amount: _____

Processed by: _____ Date: _____

The Community College of Aurora prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. The Community College of Aurora will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.