



# Non-Resident Tuition Waiver Form

Student Services

PLEASE PRINT

REQUIRED INFORMATION		
Student Name	BTC Student ID Number	Date
Complete Home Address		

I am requesting to attend Blackhawk Technical College at the \_\_\_\_\_ Location  
campus during the period of \_\_\_\_\_ Semester & Year.

- 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 Blackhawk Technical College. See attached Form B.
- In addition, my own financial status is such that I cannot pay the out-of-state tuition at Blackhawk Technical College. See attached Form B.
- I have completed a brief rationale summarizing my non-resident tuition waiver request. See attached Form C.
- I have been accepted in good standing at Blackhawk Technical College in the following program:  
\_\_\_\_\_ Program Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Non-Resident Tuition Waiver: Family/Student Financial Status (Form B)

PLEASE PRINT

**REQUIRED INFORMATION**

Student Name \_\_\_\_\_

Complete Home Address \_\_\_\_\_  
\_\_\_\_\_

**FAMILY FINANCIAL STATUS**

Total Family Assets (Market Value) .....	\$ _____
Total Family Liabilities .....	\$ _____
Family Net Worth .....	\$ _____
Total Family Income (Last Year) .....	\$ _____
Number of Dependents .....	\$ _____

I verify the above financial information to be accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Student/Family Representative Signature

\_\_\_\_\_  
Date

**STUDENT FINANCIAL STATUS**

Total Student Assets (Market Value) .....	\$ _____
Total Student Liabilities .....	\$ _____
Student Net Worth .....	\$ _____
Total Student Income (Last Year) .....	\$ _____
Number of Dependents .....	\$ _____

I verify the above financial information to be accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Non-Resident Tuition Waiver: Student Financial Status (Form C)

PLEASE PRINT

**REQUIRED INFORMATION**

Student Name

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Complete Home Address

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**PLEASE WRITE A BRIEF SUMMARY OF YOUR RATIONALE FOR REQUESTING WAIVER  
OF OUT-OF-STATE TUITION:**

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Student Signature

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Date

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# Non-Resident Tuition Waiver: Rationale for Request (Form D)

**PLEASE PRINT**

**REQUIRED INFORMATION**

Student Name \_\_\_\_\_

Complete Home Address \_\_\_\_\_  
\_\_\_\_\_

I verify that the student named above meets admission requirements and has been accepted into the following program: \_\_\_\_\_  
Program Name

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

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## CONTINUING STUDENTS ONLY:

I verify that \_\_\_\_\_ has made satisfactory progress during  
the prior time period of attendance \_\_\_\_\_  
Student Name Semester & Year

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date