



**Office of Financial Aid
Snead State Community College**

Senior Adult Scholarship

I, _____, am a senior adult student who is 60 years of
(Print name here)

age and am unconditionally admitted to Snead State Community College. I am an Alabama

resident and I am enrolled for college credit for the _____ semester.
(Term/Year)

A copy of your driver's license and class schedule for the term must be attached to this form.

Please initial and sign below:

- _____ I understand this scholarship will not pay fees
- _____ I understand this scholarship will not pay for repeated classes
- _____ I understand this scholarship will not pay for classes taken for audit
- _____ I understand this scholarship will not pay for non-credit classes
- _____ I understand I must submit this form to the financial aid office each semester

Student Signature

Student #

Date