



# Tuition Exemption Privilege Request Form

Please use this form to request EAC tuition exemption privileges. The Graham County Community College District Governing Board has made tuition, including out-of-state, exemption privileges available for the following students enrolled in District-sponsored College classes. Please print or type. If you have questions, please call the Records and Registration Office at (928) 428-8270 or (800) 678-3808, Ext. 8270.

Board Member or Employee	
Name Board Member or Employee: (First Middle Last)	EAC Student ID #:

<b>Eligible Persons Category (check one):</b>	<b>Tuition Exemption Privileges</b>
<input type="checkbox"/> Graham County Community College District Governing Board Member .....	District Tuition Scholarship
<input type="checkbox"/> Arizona Community College Board Member .....	District Tuition Scholarship
<input type="checkbox"/> Full-time Arizona Community College Board Employee .....	District Tuition Scholarship
<input type="checkbox"/> Retired Graham County Community College District Employee .....	District Tuition Scholarship
<input type="checkbox"/> Full-time Graham County Community College District Employee.....	ACCB Tuition Waiver
<input type="checkbox"/> Full-time EAC Foundation/Alumni Association Employee .....	District Tuition Scholarship
_____ Signature	_____ Date

Board Member or Employee Dependent <sup>†</sup>	
Name of Dependent Student: (First Middle Last)	EAC Student ID #:

Relationship to Board Member or Employee:

<b>Eligible Persons Category (check one):</b>	<b>Tuition Exemption Privileges</b>
<input type="checkbox"/> GCCCD Governing Board Member's Dependent .....	District Tuition Scholarship
<input type="checkbox"/> Arizona Community College Board Member's Dependent .....	District Tuition Scholarship
<input type="checkbox"/> Full-time Arizona Community College Board Employee's Dependent .....	District Tuition Scholarship
<input type="checkbox"/> Retired GCCCD Employee's Dependent .....	District Tuition Scholarship
<input type="checkbox"/> Full-time GCCCD Employee's Dependent.....	ACCB Tuition Waiver
<input type="checkbox"/> Full-time EAC Foundation/Alumni Association Employee's Dependent .....	District Tuition Scholarship

<sup>†</sup>Dependents are defined by current Internal Revenue code Section 152 and include spouses and other dependents who are claimed on most recent federal tax return forms.

I certify that I do qualify as a dependent of the person listed above as defined by current IRS regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization by GCCCD Official**

_____ Signature	_____ Date
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**Please do not write in this area; for EAC office use:** Semester \_\_\_\_\_