

**WESTERN TECHNICAL COLLEGE STUDENT REQUEST
for
OUT-OF-STATE TUITION WAIVER**

NAME OF STUDENT: _____
Last First Middle Former Name

STUDENT ID NUMBER: _____ DATE OF BIRTH: ____ / ____ / ____
month day year

PRESENT ADDRESS: _____
Street

_____ (____) _____
City State Zip Code Telephone Number

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 Western Technical College. In addition, my own financial status is such that I cannot pay the out-of-state tuition. I understand that I must apply for financial aid and qualify for the PELL grant in order to be eligible for the out-of-state waiver. (Dislocated workers will be determined eligible through documentation from their funding agency.)

Are you a dislocated worker? Yes _____ No _____

Student Signature

Date

PLEASE RETURN THIS COMPLETED FORM TO:

Western Technical College
Lyndsey Thomas, Registrar
400 7th St N
PO Box C-0908
La Crosse, WI 54602-0908

FOR OFFICE USE ONLY:	
APPROVED _____	DENIED _____
_____ Signature	_____ Date