



## Tuition Waiver 2021-2022

1. Select one (1) waiver you wish to apply for.
2. Read, agree, and initial each item under that waiver.

Student Name (Last, First, Middle)

Date

Last 4 digits of SSN

Initial	MAYOR'S TUITION WAIVER
	I have been a North Slope Borough resident for at least 30 days and am 18 years or older.
	I intend to apply/have applied to a program of study at Ilisaġvik College. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I submitted at least one scholarship application. <b>Scholarship applied for:</b>
	I authorize the IC Registrar's Office to release grades to the Business Office.
	I understand that (1) I must pass 2/3 of the credits I enroll in <b>and</b> (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.

Initial	ALASKA NATIVE/AMERICAN INDIAN, OFF-SLOPE TUITION WAIVER
	I am Alaska Native/American Indian, do not reside permanently on the North Slope, and am 18 years or older.
	I will provide the Registrar's Office with a copy of my tribal card.
	I intend to apply/have applied to a program of study at Ilisaġvik College. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I submitted at least one scholarship application. <b>Scholarship applied for:</b>
	I authorize the IC Registrar's Office to release grades to the Business Office.
	I understand that (1) I must pass 2/3 of the credits I enroll in <b>and</b> (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.

Initial	NORTH SLOPE BOROUGH SCHOOL DISTRICT TUITION WAIVER
	I am a certified teacher for the NSBSD.
	I understand that this waiver applies only to DEED courses eligible for certification or any course with an ANS/INU designator.

Initial	NORTH SLOPE FIRE DEPARTMENT TUITION WAIVER
	I am an employee or volunteer firefighter/EMS personnel for the NSBFD.
	I intend to apply/have applied to a program of study at Ilisaġvik College. ( <b>For continued eligibility, students must be admitted to a program of study.</b> )
	I authorize the IC Registrar's Office to release grades to the Business Office.

Initial	ILISAĞVIK EMPLOYEE/SPOUSE/DEPENDENT WAIVER
	My name is _____, and I am a permanent Iļisađvik employee.
	I authorize verification of my employment status.
	I authorize my spouse/dependent _____ to register under this waiver.
	I understand that any coursework under this waiver must be completed with a grade of "C" or higher.
	I acknowledge that if I and/or my eligible spouse/dependent do not earn a grade of "C" or higher, I am responsible for the cost of tuition and authorize an immediate payroll deduction in the amount owed for courses taken under this waiver.
	I authorize the IC Registrar's Office to release grades to the Business Office.

Initial	NORTH SLOPE BOROUGH ELDER WAIVER
	I am a North Slope Borough resident.
	I am at least 62 years of age.

### Course Information (Waiver cannot be applied to repeat classes)

#### This waiver applies to the following semester (Select one):

- Summer 2021      Deadline: July 2, 2021  
 Fall 2021          Deadline: October 1, 2021  
 Spring 2022        Deadline: March 4, 2022

**Extensions are granted for classes starting after the deadline.**

- Vocational Education/Workforce Development Short-term Training (**Mark if applicable**)

### Student Agreement and Signature

By signing below, I confirm that the information I have provided is true and correct. I understand and agree to the following:

- **This is a waiver of tuition. Registration fees, lab fees, lab kits, art supplies, textbooks and other special costs are my responsibility.**
- Tuition waivers cannot be applied retroactively and will not be issued if my student account has an outstanding balance of \$500 or higher.
- If I **do not** pass 2/3 of my credits **and do not** achieve a GPA of 2.0 ("C") in this current semester, I will not receive a waiver for the next semester I take classes. Instead, I am responsible for the cost (personally and/or through scholarships or federal financial aid). However, after one successful semester of taking classes without utilizing the tuition waiver, I can apply for a waiver again.

**I give Iḷisaḡvik College permission to use my name and image in marketing materials related to the Tuition Waiver program.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Iḷisaḡvik College Employee Signature (for IC Employee Waiver)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Iḷisaḡvik College Employee Signature (for IC Employee Waiver)

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

**Questions about this form? Contact Registration at 852-1757 or Admissions at 852-1754**