

LOWER DAUPHIN SCHOOL DISTRICT

**APPLICATION FOR TUITION PAYMENT
(CERTIFICATION OF ELIGIBILITY)**

****Valid for one school year, July 1 through June 30****

To: Board of School Directors
Lower Dauphin School District

Incomplete Application Forms
WILL NOT be processed

To Whom It May Concern:

I hereby petition the Board of School Directors of Lower Dauphin School District for approval of payment of the School District's share of tuition for attendance at Harrisburg Area Community College. I certify that I currently meet the requirements for this application which are as follows: (1) Residency in Lower Dauphin School District on July 1. (2) Residency in Lower Dauphin for the past year or moved in from a sponsoring district. (3) Acceptance in an approved on campus program at HACC.

Further, I am willing to provide whatever documentation might be requested by the Lower Dauphin School District to verify this request for tuition payment and certify that the data provided on this application is correct to the best of my knowledge.

If my eligibility status changes subsequent to the filing of this application, I shall be responsible for notification to both the Harrisburg Area Community College and the Lower Dauphin School District within thirty (30) days of such change.

"A person who signs a false statement which he does not believe to be true with the intent to have tuition payment approved, is guilty of a misdemeanor under the Pennsylvania Crimes Code subjecting him to both fine and imprisonment (Pa. Criminal Code of 1972, No. 334, 18 CPSA 4904)."

CURRENT PERSONAL DATA

Name: Last First Middle Date: Today's Date

Address: No. Street City State Zip

Phone #: Home # or Cell # HACC ID #: (Required)

Date of Birth: Employer:

SUPPORTING INFORMATION

Did you live in Lower Dauphin SD this past July 1? Yes: No: (check one)

Have you resided at the above address for the past 12 consecutive months? Yes: No:

If no, what was your previous address?

And when did you move to your current address? (Date)

Date Your Class Begins:

Your Signature:
By signing or typing your name here you certify the information contained herein is accurate to the best of your knowledge.