



Where Your Future Is Waiting

Out-of-State Tuition Hardship Waiver Request Form

Student Information

Name _____ Student ID# _____

Home/Residence Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Cell Phone: (____) _____

The purpose of this document is to apply for an out-of-state tuition hardship waiver in accordance with CLTCC Policy. Applications should be submitted to the Campus Administrative Offices.

Criteria for Eligibility

- Out-of-State Resident
• Filed a Free Application for Federal Student Aid (FAFSA)
• Have extenuating circumstances that prohibit the payment of the out-of-state tuition
• Must not be eligible for other tuition or fee exemption programs
• Must exhaust all financial aid resources available
• Must be meeting CLTCC Satisfactory Academic Progress Policy
• Must provide proof of residency/address

Student Signature _____ Date _____

For Office Use Only

____ Approved _____ Denied

Student Services _____ Date _____

Campus Dean _____ Date _____

Student Accounts Receivable _____ Date _____

ALEXANDRIA MAIN CAMPUS
516 Murray Street
Alexandria, LA 71301

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2100 E.E. Wallace Blvd.
P.O. Box 1465
Ferriday, LA 71334

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