



Opportunity Tuition Waiver *Sophomore Contract*



Student: _____ Social Security Number: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email Address: _____

I, _____, understand that the Opportunity Tuition Waiver will be used for educational related expenses at Western Texas College for the Fall Semester and Spring Semester. I agree to abide and meet all Opportunity Tuition Waiver requirements:

- I agree that the Opportunity Tuition Waiver must be used within the two (2) years immediately following high school graduation.
- I agree that the Opportunity Tuition Waiver will pay for a maximum fifteen (15) hours per semester for full-time enrollment. Opportunity Tuition Waiver will only pay for Fall and Spring semesters—no summer or interim sessions.
- I agree to enroll, maintain, and complete at least twelve (12) semester hours while maintaining a 2.75 GPA during each semester of the awarded academic year (Fall and Spring).
- I agree that the Opportunity Tuition Waiver will pay for tuition and general use fees only. Opportunity Tuition Waiver does not cover any housing, books, lab or internet fees.
- I agree that if I do not meet these requirements for any given semester, the scholarship will be forfeited and I will no longer be eligible to receive the Opportunity Tuition Waiver.
- I agree that if I completely withdrawal from all classes, the Opportunity Tuition Waiver will be forfeited and I will no longer be eligible to receive the tuition waiver.

In the event that the undersigned should fail to abide by the above requirements prior to the completion of the semester (s) for which the tuition waiver was awarded, the undersigned will be subject to forfeiture of the Opportunity Tuition Waiver and no longer eligible to receive the tuition waiver. For the purposes of this contract, "WITHDRAWAL" shall mean the student's voluntary withdrawal from enrollment, his/her withdrawal by appropriate officers of Western Texas College for administrative reason, or the student's dismissal by college authorities for misconduct or the willful disregard of college rules and regulations.

If you wish to (circle one) ACCEPT or DECLINE this Opportunity Tuition Waiver, please sign below and return the completed form by July 15th.

Student Signature: _____

Parent Signature: _____

Date: _____

WTC Financial Aid Office Use	
Verified By: _____	POISE ID #: _____