

**Tuition Exemption**

SCLTC Campus:     Lafourche             River Parishes             Young Memorial

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**Type of Exemption**

\_\_\_\_\_  
**Exemption ID**

**Reason for Exemption:**  
(Attach Documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Exemption Amount:* \$ \_\_\_\_\_

\_\_\_\_\_  
**Student Affairs**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Campus Administrator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Entered By**

\_\_\_\_\_  
**Date**