

**Request for Volunteer Tuition Waiver**

**Section I-Volunteer Information**

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MaineStreet/Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Volunteer Period: Start: \_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_ Total Volunteer Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YYYY MM/DD/YYYY

Semester waiver requested for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Use separate forms for each semester)

**I would like to use my previously earned volunteer hours toward the following UMA class(es):**

***COURSES ARE LIMITED TO UMA IN-STATE UNDERGRADUATE CLASSES ONLY***

**Credit Course Name:**  **Section #: Credit hours: Start Date/Location:**

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

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***NOTICE:* *The UMA Volunteer Program is considered a financial resource which must be reported immediately***

***to the Financial Aid Office******to be included as part of my aid offer.***

*I understand that if I am a financial aid recipient, including and not limited to any grants, scholarships, work-study, waivers, and/or student loans that I have reported the receipt of my UMA Volunteer Waiver to the Financial Aid Office. I also understand that if I fail to report the receipt of this waiver that I will have to immediately repay any other aid funds previously received that have been found to have been awarded in excess of eligibility.*

**VOLUNTEER: Please contact the UMA Director of Financial Aid, Jamie Santiago, 207/621-3244 or by**

**E-Mail at Jamie.santiago@maine.edu to verify cost of attendance and whether the requested volunteer hours can be used toward a tuition waiver for the semester requested. Then please sign below and submit this form to your supervisor.**

Volunteer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II- Supervisor Information**

***The above volunteer’s request has been approved.***

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III– UMA Volunteer Program Coordinator**

Meets program criteria: **□YES □NO**

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV- UMA Student Accounts Office**

Course(s) Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV- UMA Financial Aid Director**

SA Office confirmed with Director of Financial Aid: **□YES □NO**

Authorized Signature or date of E-Mail or Phone call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

Updated 5/10/2022 LIPoor