



Organization of Active Adults Tuition Rebate Application

MCCOAA Tuition Rebate Program

OAA members, who must be age 50 or older to join, may receive a 20 percent tuition rebate for any MCC credit-free course costing more than \$10, up to a membership-year maximum of \$50 per member.

To be eligible, your current membership year (9/1-8/31) dues payment must have been postmarked or presented in person *prior* to the course start date, except prior to 9/30 for September courses. New members who join 6/1-8/31 are eligible for the remainder of the current summer as well as for the upcoming year if they meet the other requirements.

Rebate forms must be postmarked or delivered no later than September 15 following the close of the membership year in which the course was taken. Late submissions can not be processed.

Rebate questions may be directed to the Tuition Rebate Chair at oaarebates@aol.com (fastest response) or the mail address in Step 4 (at right).

Please note: OAA cannot register you for a course; that must be done via the MCC registration process documented in the course catalog.

To Receive a Rebate:

- Step 1: Insure that your membership is current prior to the course start date (see details at left).
- Step 2: Register for any credit-free course costing over \$10 offered by Manchester Community College via one of the methods documented in the course catalog. **Pay the full course fee listed in the course catalog.** If you need a catalog, please visit www.manchestercc.edu/continuing or call the Continuing Education info line at 860-512-2800.
- Step 3: Complete the Tuition Rebate form below, bring it to class and have the instructor sign it. **Do not enter more than one name, course or date; a separate form is required for each rebate.**
- Step 4: Mail the completed application before the deadline (see details at left) to MCCOAA Rebates, Great Path, MS #16, P.O. Box 1046, Manchester, CT 06045-1046. You will receive your rebate directly from OAA (processing may take up to eight weeks).

MEMBER INFORMATION

First Name	MI	Last Name	
Street Address			Apt. No.
City		State	Zip

COURSE INFORMATION

CRN	COURSE TITLE	START DATE	FEE

Current-Year Catalog Semester (select one)

Fall Winter Spring Summer

REQUIRED

By signing this document I certify that the student attended at least one class session.

Instructor Signature	Instructor Name
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The Board of Directors reserves the right to amend or discontinue the rebate program at any time.

OFFICE USE ONLY

Received Date: _____ Application No: _____ Member Date: _____ Balance: \$ _____