Tuition Scholarships

Please submit this tuition discount form after registering for classes each term, while also paying your portion of tuition and fees to Tulane Accounts Receivable in a timely fashion. The discount applies only to SoPA students taking SoPA classes, as indicated on the Tulane official Schedule of Classes.

This form must be submitted each semester*. Forms are due no later than one week after the first day of class. Students are responsible for reviewing their Accounts Receivable statement to verify that the credit has been applied to their account.

Student ID Number:          Date:          
Name:          
Address:          State:          Zip:          
City:          State:          Zip:          
Home Phone #: (____)          Work Phone #: (____)          Age:          
Discount for Term:   fall   spring   summer   Year:          
Discount for Degree:   undergraduate   graduate          
Student’s Signature:          Tulane Email Address:          

☐ Full-time pre-K through 12th grade teachers and paraprofessionals including classroom assistants and assistant teachers  
   (attach a letter from your Principal verifying current position) 
☐ Age 60 and over (attach a copy of driver’s license or state ID) 
☐ Active-duty military personnel or veteran  
   military documentation verified:   ID   orders   DD214   DD1172   by:          
☐ Active and retired public safety personnel: firefighter, police officer, or paramedic (attach a graduation diploma from your academy) 
☐ NLCU partnership referral for the MPA program 
☐ Undergraduate or Associate degree conferred by a Minority Serving Institution. Undergraduate institution _________________________ 
☐ Current SoPA Adjunct. Course teaching: _________________________

☐ Full-time Jefferson Parish employees  (attach a copy of your employee ID and complete supervisor information below) 
☐ Full-time Orleans Parish employees  (attach a copy of your employee ID and complete supervisor information below) 
   Supervisor’s name:          Title:          
   Department:          Office telephone #: (____)          
   Supervisor’s Signature:          Date:____/____/____

Teachers, classroom assistants, and paraprofessionals must still submit a letter from their principal verifying employment.

This form must be submitted by email to sop20@tulane.edu.

for official use only

by: _______________________________  
date: _______________________________