HB104 (http://mlis.state.md.us/2011rs/chapters_noln/Ch_576_hb0104T.pdf), enacted by the 2011 Maryland General Assembly, redefines the tuition waiver for students with disabilities as those out of the workforce by reason of total and permanent disability and entering community colleges. HB 104 superceded previous legislation and proposed significant changes to Section 16-106c of the Education Article, Annotated Code of Maryland. HB53, effective July 1, 2012, allows for Workforce Development & Continuing Education students to receive disability waivers.

Eligibility:
1. Any resident of Maryland who is out of the workforce because of a permanent disability as defined by the Social Security Act, the Railroad Retirement Act, or in the case of former federal employees, the Office of Personnel Management, and enrolls in a community college class that has at least 10 regularly enrolled students, may be eligible for tuition waiver.
2. Individual receiving SSI or SSDI benefits as a dependent or survivor of a disabled beneficiary do not qualify for this waiver.

The Student Will:
1. Obtain a Certification for Tuition Waiver form from montgomerycollege.edu/wdce/register/disabilitywaiver.html
2. Take the form to the Social Security Administration office that serves your area, or, if appropriate, to the Railroad Retirement Board or the federal agency from which you retired due to disability to have your form signed and certified and/or obtain a Social Security Benefit Verification Letter that you are receiving SSI or SSDI payments and are permanently disabled.
3. Return the completed Certification for Tuition Waiver form to one of the Workforce Development & Continuing Education (WD&CE) Customer Service offices along with your registration form and payment.
4. The Certification for Tuition Waiver form is only valid for one academic year (Academic year starts with the Fall semester), and must be renewed each August.

Limitations:
1. All awarded grants and scholarships will be applied first to pay your tuition.
2. The tuition waiver does not apply to fees.
3. In accordance with the Maryland General Assembly guideline, Montgomery College will discontinue the tuition waiver if you enroll in a course with less than 10 regularly enrolled students.

For tuition waiver for students with disabilities for credit programs, please go to www.montgomerycollege.edu/hb104
Certification for Tuition Waiver Form

See eligibility requirements on the reverse side. For more information visit montgomerycollege.edu/wdce/register/disabilitywaiver.html.

Bring this form to a Social Security Administration branch, the Railroad Retirement Board, or the U.S. Office of Personnel Management, as appropriate, for signature, stamp and/or obtain a Social Security Benefit Verification Letter. Bring completed form to any Montgomery College WD&CE Customer Service office along with your registration form and payment.

This form is valid for one Academic year (Academic year starts with Fall semester) must be renewed each August.

Year: __________

Student Name: ______________________________________________

Student College ID: M_________________ Social Security Number (required): ____________________

Social Security Administration Official

I certify that the above student is out of the workforce as a result of permanent disability and is receiving a social security disability benefit (SSDI) or supplemental security income (SSI) as defined by the Social Security Act, Railroad Retirement Act, or in the case of a former federal employee, from the federal retirement or pension authority (U.S. Office of Personnel Management).

Individuals receiving SSI or SSDI benefits as a dependent or survivor of a disabled beneficiary do not qualify for this waiver.

Name of Social Security Official: ________________________________ Phone: _______________________

Signature: ___________________________________________ Date: _______________________

Affix Official address stamp of Social Security Office or Federal Agency here: and/or obtain a Social Security Benefit Verification Letter

By signing this form, I authorize the Social Security Administration to release information about me; I acknowledge that this form is valid for one academic year (Academic year starts with Fall semester) and must be renewed each August.

Student Signature: ________________________________________ Date: ______________