

RETURN TO:

The University of North Carolina at Greensboro
Office of the Provost, 201 Mossman Building
PO Box 26170, Greensboro, NC 27402-6170

APPLICATION FOR DETERMINATION OF ELIGIBILITY FOR THE MILITARY TUITION BENEFIT

Under North Carolina General Statutes Section (G.S.) 116-143.3, certain members of the armed services and their dependent relatives may be eligible to be charged less than the out-of-state tuition rate even if they do not qualify as residents for tuition purposes under G.S. 116-143.1. The pertinent law and implementing regulations are available in the Office of the Provost, all admitting offices and online at <http://www.uncg.edu/pvt/residency>. Included among the requirements are that, at the time of enrollment in the academic program, the member of the armed services be on active duty and stationed in NC on permanent change of station orders. In order to a dependent relative of the service member to be considered eligible for this benefit, the dependent relative must live with, and claim the benefit through, the service member. Applicants for the benefit must also qualify academically for admission to UNCG.

You must submit this application and the required affidavit to the Office of the Provost prior to the first day of classes of the first term of enrollment for which you claim the reduced tuition benefit. You must re-apply for this benefit if 1) you do not remain continuously enrolled, 2) you enroll in a different program, 3) the service member upon whom this benefit is based (either the applicant or the service member related to the dependent applicant) is discharged from the service, or 4) the dependent applicant ceases to be a dependent of the service member.

IMPORTANT – READ THESE INTRUCTIONS BEFORE COMPLETING THIS APPLICATION

- A. **Answer all questions** within the parts of this application that apply to you. If any question is not applicable to your situation, write "N/A." **If this form and the required affidavits you submit are not completed in full by the filing deadline, you will be found ineligible for the Military Tuition Benefit for the term in question.**
- B. **Print legibly or type all responses.** If necessary, write "see attached" in the space provided and use separate additional sheets, numbering your responses the same as the corresponding question and stapling these sheets to the application form.
- C. **Be completely accurate** to the best of your knowledge and understanding. **Falsification of your responses may subject you to disciplinary action, including dismissal from the institution. Whenever "date" is requested, give month/day/year.**
- D. **Sign and date** the application where indicated. **Failure to make the necessary acknowledgements and certifications renders this an invalid application.**
- E. **Attach the required affidavit(s).** (See Part II, item 7, or Part III, item 8, as appropriate.)

PART I. TO BE ANSWERED BY ALL APPLICANTS

1. Applicant (student's) full name (Mr., Mrs., Miss, Ms.) _____
2. University ID Number _____
3. Current Mailing Address (street, city, state) _____
 _____ Since (M/D/Y) _____ Telephone (____) _____
4. Are you currently enrolled in UNCG? Yes No Are you applying for admission? Yes No
Check the earliest term and indicate the year in which you want this decision to apply. (Check only **one** term per application.)
 Fall, 20____ Spring, 20____ First Summer Term, 20____ Second Summer Term, 20____
 Check the admissions office through which you are enrolled or are applying.
 Graduate Undergraduate Continual Learning Other: _____(indicate office here)
5. Have you previously applied to UNCG for the Military Tuition Benefit? Yes No
 If yes, give date you applied. _____ What was the determination? Eligible Ineligible

PART II. FOR APPLICANTS WHO ARE THEMSELVES ACTIVE MEMBERS OF THE ARMED SERVICES: (dependents skip to PART III)

1. Rank _____ Serial Number _____
2. In which of the following branches of the Armed Services are you currently serving? (Check one.)
 U.S. Air Force U.S. Marine Corps U.S. Army
 U.S. Coast Guard U.S. Navy N.C. National Guard
3. Is this a Reserve component of the branch of service indicated above? Yes No
4. If you are in the N.C. National Guard, are you a North Carolina resident? Yes No
5. Are you on active duty? Yes No
6. What is your permanent duty station? _____
7. What is the street address or building location at which you are currently living? _____

6. Have you been academically admitted to UNCG? Yes No

7. Do the orders by which you were assigned to active military duty establish a date on which that duty will cease? Yes No

If yes, give that date. _____

7. **Attach** an affidavit from the appropriate military authority attesting to your duty status and location. Appropriate military authorities include such individuals as commanding officers, payroll office administrators, base education officers, or any person not related to you who has the authority to make an affidavit attesting to the above information and its veracity. **NOTE:** Furnishing a copy of your military orders or exhibiting your military ID will not satisfy this requirement.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I further acknowledge that knowingly falsifying any information herein will result in disciplinary action, including possible dismissal from the institution or non-admission. I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of this application only as permitted by the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Service Member _____ Date: _____

PART III. FOR APPLICANTS WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVES OF SERVICE MEMBERS

1. What is the street address or building location at which you are currently living? _____

2. Have you been academically admitted to UNCG? Yes No

3. Give the following information for the service member through whom you claim the Military Tuition Benefit:

a. Full Name _____

b. Rank _____

c. Serial Number _____

d. Date of Birth _____

- e. Branch of the armed services (Circle one.)

U.S. Air Force

U.S. Marine Corps

U.S. Navy

U.S. Army

N.C. National Guard

U.S. Coast Guard

- f. Is this a Reserve component of the branch of service indicated above? Yes No

g. Permanent duty station _____

h. Current street address or building location at which the service member lives? (Not a PO Box) _____

4. Do the orders by which the service member was assigned to active military duty in North Carolina specify a date on which that duty will cease?

Yes No If "Yes," on what date will active military duty in North Carolina cease? (M/D/Y) _____

5. Is the service member in receipt of orders for permanent assignment outside of North Carolina? Yes No

If "Yes," what is the beginning date of that assignment? (M/D/Y) _____

6. What is your relationship to the service member through whom you are claiming the Military Tuition Benefit?

7. Are you currently registered with the Selective Service System? Yes No If "No," state why you are not so registered.

(All male citizens born on or after January 1, 1960, who are 18 but not yet 26 years of age must register with the Selective Service.)

8. **Attach** an affidavit from the appropriate military authority attesting to your military dependency status and to the duty status and location of the service member whose military dependent you are. **NOTE:** The affidavit must contain the following elements: 1) A statement that you are the military dependent of a service member. (If the affidavit does not say "military dependent," it is unacceptable.); 2) the name and rank of the service member through whom you claim the benefit; 3) a statement that the service member through whom you claim the benefit is on active duty, stationed in North Carolina; and 4) the signature of the appropriate military authority. You may not sign this affidavit. The service member through whom you claim the benefit may not sign this affidavit. Appropriate military authorities include such individuals as commanding officers, payroll office administrators, base education officers, or any person not related to you who has the authority to make an affidavit attesting to the above information and its veracity. Furnishing a copy of the service member's military orders or exhibiting a military ID will not satisfy this requirement.

I hereby certify that all information I have set forth is true to the best of my knowledge, pursuant to my reasonable inquiry where needed, and I am aware that knowing falsification of any responses herein may subject me to disciplinary action. I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Military Dependent

Signature of parent or guardian, also, if military dependent
is under 18 years of age

Date