APPLICATION FOR THE BENEFIT OF PAYING IN-STATE TUITION

AS A SPOUSE/DEPENDENT OF AN ACTIVE DUTY SERVICE MEMBER STATIONED IN NORTH CAROLINA
OR
AS A SPOUSE/DEPENDENT OF A VETERAN OR FORMER SERVICE MEMBER OR OTHER COVERED INDIVIDUALS USING TRANSFERRED CHAPTER 33 (POST-9/11 EDUCATIONAL ASSISTANCE) BENEFITS OR THE MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP

Submit application and supporting documentation to:
UNCA Office of the Registrar
One-Stop Student Services
0017 Ramsey Library, CPO 1570
One University Heights
Asheville, NC 28804

This application and all supporting documentation should be submitted no later than the 5th business day of the semester for which the student is seeking residency classification.

1. ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. If a question is not applicable to your situation, type “Not Applicable” or “N/A.”
2. TYPE OR PRINT ALL RESPONSES. If you need more space to answer, indicate “see attached” in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and send these sheets with this application form.
3. BE COMPLETELY ACCURATE to the best of your knowledge and understanding. Knowing falsification of your responses may subject you to disciplinary action including dismissal from the institution. When “date” is requested, provide month, day, and year.
4. SIGN AND DATE the application where indicated to make those acknowledgements and certifications necessary to render this a viable application.
5. ATTACH THE REQUIRED ADDITIONAL DOCUMENTS:
   Spouse/Dependent of Active Duty Service Member:
   • Signed and dated letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose spouse/dependent you are (your sponsor).
   Spouse/Dependent of Veteran or Other Covered Individual:
   • Copy of veteran’s DD214 (official or working copy), proof of service member’s current active duty status (such as a recent Leave and Earnings Statement), or service member’s death certificate for Fry Scholarship recipients
   • Certificate of Eligibility for the benefit
   • Proof of abode in North Carolina (proof of abode includes, but is not limited to: copy of lease, a letter from landlord, copy of utility bill, or verification of on campus housing).

ENTITLEMENTS:

SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER:
Under North Carolina General Statue Section (G.S.) 116-143.3 certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under G.S. 116-143.3.
SPOUSE/DEPENDENT OF VETERAN OR FORMER SERVICE MEMBER:
Under North Carolina General Statue Section (G.S.) 116-143.3A certain veterans and other individuals entitled to federal education benefits under 38 U.S.C. Chapter 30 or 38 U.S.C. Chapter 33 may be eligible to be charged the in-state tuition rate and applicable mandatory fees for enrollment without satisfying the 12-month residency requirement under G.S. 116-143.1.

You can view a copy of the North Carolina State Residence Classification Manual for the statutory and related regulatory conditions at: http://www.northcarolina.edu/?q=legal-affairs/state-residence.

Applicant’s Full Name: ___________________________________________________

Personal E-mail Address: _________________________________________________

Street Address: __________________________________________________________

City: _________________________________     State: _____     Zip Code: __________

Part I. For applicants who are SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER STATIONED IN NORTH CAROLINA, who will be active duty at the time of enrollment (enrollment = first day of the term).

If your spouse or parent is not currently an active duty member of the armed services or will not be an active duty service member at the time of enrollment, skip to Part II.

1. Have you been admitted to this institution?     Yes     No

2. Beginning with what academic term are you seeking the tuition benefit?
   Term: Fall     Spring     Summer    Other _________ __
   Year: ______________________

3. For the service member through whom you claim the tuition benefit, provide the following:
   a. Rank  _____________________________
   b. Branch of Service ________________________________________
      Is this a Reserve Component of the indicated service?     Yes     No
   c. Permanent duty station ___________________________________
   d. What is your relationship to the service member through whom you claim the tuition benefit?
      ______________________________________________________
   e. Do the orders by which the service member was assigned to active military duty in North Carolina establish a date on which that duty will cease?     Yes     No
      If "Yes" what is the date? ____________________________
Please attach a signed and dated letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose spouse/dependent you are (your sponsor).

Part II. For applicants who are SPOUSE/DEPENDENT OF VETERAN OR SERVICE MEMBER AND USING TRANSFERRED BENEFITS at the time of enrollment (enrollment = first day of the term).

1. For the veteran through whom you claim the tuition benefit, provide the following:
   a. Date of initial entry into military service_______________________
   b. Discharge or retirement date (if applicable)_______________________

2. Do you currently live in North Carolina or will you be living in North Carolina on the first day of the term?  
   Yes   No

   If yes, please attach PROOF OF ABODE IN NORTH CAROLINA. Proof of abode includes, but is not limited to:
   copy of lease, a letter from landlord, copy of utility bill, or verification of on campus housing.

3. Have you been admitted to this institution?   Yes   No

4. Beginning with what academic term are you seeking the tuition benefit?  
   Semester:  Fall   Spring   Summer   Other__________
   Year:  ________________

5. Are you eligible for and will you be using transferred Chapter 33 (Post-9/11 Educational Assistance) U.S. Department of Veterans Affairs benefits or the Marine Gunnery Sergeant John David Fry Scholarship?  
   Yes   No

   If yes, please attach VA verification of TRANSFER OF POST 9/11 GI BILL BENEFITS (Transfer of Entitlement) or FRY SCHOLARSHIP AWARD.

Part III. Student Attestations:
You must sign your initials by each statement in the sections that are applicable to you to indicate that you have read and understand these statements. Failure to initial by each statement in the applicable sections may result in your application being returned and will delay processing.

SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER STATIONED IN NORTH CAROLINA:
   _____ I have attached a signed and date letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to my military dependency status and the duty status and location of my spouse/parent.

SPOUSE/DEPENDENT OF VETERAN:
   _____ I have attached a copy of the veteran’s DD214 (official or working copy), proof of service member’s current active duty status (such as a recent Leave and Earnings Statement), or service member’s death certificate (for Fry Scholarship recipients).
   _____ I have attached VA verification of transfer of Post 9/11 GI Bill benefits (Transfer of Entitlement) or Fry Scholarship award.
_____ I am currently living in North Carolina or will be living in North Carolina on the first day of the term. I intend to establish residency in North Carolina and understand that this document serves as my letter of intent to establish residency.

_____ I have attached proof of my abode in North Carolina. Proof of abode includes, but is not limited to: copy of lease, a letter from landlord, copy of utility bill, or verification of on campus housing.

ALL STUDENTS:
_____ I have answered all questions. If any question was not applicable to my situation, I have written “N/A.” Whenever “date” is requested, I have given month/day/year as accurately as possible. I understand that failure to answer all questions may result in the application being returned to me thus delaying a decision relative to my tuition status.

_____ I have been completely accurate to the best of my knowledge and understanding. Further, I understand that knowing falsification of my responses may subject me to disciplinary action, including dismissal from the institution.

_____ I have signed and dated this application where indicated. I understand that failure to make the necessary acknowledgements and certifications renders this an invalid application.

_____ I understand that all applications and all supporting documents should be submitted to the appropriate department by the published deadline for the academic term for which I wish to be considered.

_____ I understand that the burden of proof is on me, the applicant, to demonstrate that I qualify for the benefit of a reduced tuition rate as the spouse or dependent relative of an active duty member of the armed services or as a recipient of the Fry Scholarship or transferred education benefits under Chapter 33 (Post-9/11 Educational Assistance) U.S. Department of Veterans Affairs benefits. I understand that if it is determined that I am not eligible for the in-state tuition rate then I will be responsible for and charged at the out-of-state rate.

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 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.

PLEASE SIGN AND DATE BELOW.

Signature of Applicant________________________________ Date________________________________

FOR OFFICE USE ONLY

Date of Review _____________________ Reviewed By __________________________

Tuition Status Determined: In-state Out-of-state