APPLICATION FOR THE BENEFIT OF PAYING IN-STATE TUITION AS

A SPOUSE/DEPENDENT OF AN ACTIVE DUTY SERVICE MEMBER STATIONED IN NORTH CAROLINA OR

A SPOUSE/DEPENDENT OF A VETERAN OR FORMER SERVICE MEMBER OR OTHER COVERED INDIVDUALS USING TRANSFERRED CHAPTER 33 (POST-9/11 EDUCATIONAL ASSISTANCE) BENEFITS OR THE MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP

Prospective Undergraduate Student submits application and supporting documentation to:

Current Undergraduate Student submits application and supporting documentation to:

Current/Prospective Graduate Student submits application and supporting documentation to:

This application and all supporting documentation should be submitted no later than the 10th business day of the term 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 ADDITONAL 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) of service member's death certificate for Fry Scholarship recipients
- Transfer of Entitlement
- 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.

TEMPLATE FOR UNC CONSTITUENT INSTITUTION USE.

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.

| Applica | ant's Ful | l Name: |
|---------|-----------|---|
| Person | al E-mai | il Address: |
| Street | Address | : |
| City: _ | | State: Zip Code: |
| | | olicants who are SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER who will be the time of enrollment (enrollment = first day of the term). |
| | - | or parent is not currently an active duty member of the armed services or will not be an vice member at the time of enrollment, skip to Part II. |
| 1. | Have y | ou been academically admitted to this institution? Yes No |
| 2. | _ | ing with what academic term are you seeking the tuition benefit? Fall Spring Summer Other |
| 3. | | service member through whom you claim the tuition benefit, provide the following: 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? |

or Fry Scholarship award.

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 who will be a veteran at the time of enrollment (enrollment = first day of the term).

| <u> </u> | | | |
|--------------------|--|--|--|
| | veteran through whom you claim the tuition benefit, provide the following: Date of initial entry into military service. | | |
| b. I | Discharge or retirement date. | | |
| 2. Do you o | currently live in North Carolina or will you be living in North Carolina on the first day of ? Yes No | | |
| | ease attach PROOF OF ABODE IN NORTH CAROLINA. Proof of abode includes, but is sed to: copy of lease, a letter from landlord, copy of utility bill, or verification of on housing. | | |
| 3. Have you | u been academically admitted to this institution? Yes No | | |
| _ | . Beginning with what academic term are you seeking the tuition benefit? Semester: Fall Spring Summer Other Year: | | |
| Assistan | eligible for and will you be using transferred Chapter 33 (Post-9/11 Educational ce) U.S. Department of Veterans Affairs benefits or the Marine Gunnery Sergeant John y Scholarship? Yes No | | |
| | ease attach VA verification of TRANSFER OF POST 9/11 GI BILL BENEFITS (Transfer of ent) or FRY SCHOLARSHIP AWARD. | | |
| you have read ar | t Attestations: bur initials by each statement in the sections that are applicable to you to indicate that and understand these statements. Failure to initial by each statement in the applicable ult in your application being returned and will delay processing. | | |
| I have at appropri | DENT OF ACTIVE DUTY SERVICE MEMBER: tached a signed and date letter on PRE-PRINTED MILITARY LETTERHEAD from the late military authority attesting to my military dependency status and the duty status tion of my spouse/parent. | | |
| I have atta | DENT OF VETERAN: ached a copy of the veteran's DD214 (official or working copy) or service member's artificate (for Fry Scholarship recipients) | | |
| I have at | tached VA verification of transfer of Post 9/11 GI Bill benefits (Transfer of Entitlement) | | |

Page 3 July 31, 2015

TEMPLATE FOR UNC CONSTITUENT INSTITUTION USE.

| | 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 STU | JDENTS: |
| | 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. |
| to my r informa may div | y certify that all information I have set forth herein is true to the best of my knowledge, pursuant reasonable inquiry where needed. I hereby acknowledge that the institution may verify the ation set forth herein from sources accessible under law to the institution but that the institution yulge the contents of this application only as permitted under the Family Educational Rights and Act of 1974 if I am, or have been, in attendance at this institution. |
| PLEASE | SIGN AND DATE BELOW. |
| Signatu | re of Applicant Date |
| | FFICE USE ONLY |
| Date of | Review Reviewed By |
| Tuition | Status Determined: In-state Out-of-state |