



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

## APPLICATION FOR DETERMINATION OF ELIGIBILITY FOR MILITARY TUITION BENEFIT (MTB)

Under North Carolina General Statutes Section 116-143.3 (as amended (7/05), certain members of the armed services and their dependent relative(s) may become 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. Copies of the applicable law and of implementing University regulations are available online @ <http://regweb.unc.edu/residency> and for inspection upon request in all UNC-CH admissions offices (Undergraduate, Graduate, Dentistry, Medicine, Law, MAC, MBA, Public Health, Allied Health Sciences, Pharmacy, Summer School, Continuing Studies, and Education). Included among the requirements is that the member of the armed services be on active duty and stationed in NC on permanent change of station orders. In order for the dependent relative(s) of the military member to be considered for eligibility for in-state tuition, the military dependent must live with and claim the benefit through that member. For military dependents to qualify for the MTB, the military member must be living in North Carolina on Permanent Change of Station orders, incident to the member's active military duty. Any such applicant for the MTB must qualify academically for admission to any school of UNC-CH. Included in this benefit are non-resident members of the North Carolina National Guard on active or reserve status.

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### INSTRUCTIONS

YOU MUST **SUBMIT THIS APPLICATION AND ALL REQUIRED AFFIDAVITS TO YOUR ADMISSIONS OFFICE PRIOR TO THE FIRST DAY OF CLASSES OF YOUR FIRST TERM OF ENROLLMENT IN EACH ACADEMIC YEAR** FOR WHICH YOU CLAIM THE REDUCED TUITION BENEFIT.

1. **Answer all questions** within the parts of the application that apply to you. All applicants for the Benefit must answer Part I and either Part II or Part III, attaching all required affidavits. **If the form and 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.** If any question is not applicable to your situation, write "Not Applicable."
2. **Print or type all responses.** If you print your responses, you must use black ink. If you need more space to answer a question, write "See Attached" in the space provided and attach separate additional sheets, numbering your response the same as the corresponding question and stapling these sheets to this application form.
3. **Be completely accurate to the best of your knowledge** and understanding when answering each question. Knowingly falsifying your responses will subject you to disciplinary action, including possible dismissal from the University. **When a "date" is requested, give month, day, and year.**
4. Sign and date this application where indicated to make those acknowledgments and certifications necessary to render this an acceptable application.
5. Attach all required affidavits. (See Part II, item 9, or Part III, item 8, as appropriate.)

**APPLICATION FOR MILITARY TUITION BENEFIT**  
**PART I: To be answered by all applicants**

1. Applicant's full name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ Sex ( M or F )
3. Social Security No.\* \_\_\_\_\_ 4. Personal ID No. (PID) \_\_\_\_\_
5. Are you currently enrolled in UNC-CH? \_\_\_ Yes \_\_\_ No Are you applying for admission \_\_\_ Yes \_\_\_ No  
Circle earliest term and indicate year for which you want this decision to apply:  
Fall, 20\_\_\_ Spring, 20\_\_\_ Summer Session 1, 20\_\_\_ Summer Session II, 20\_\_\_
- Circle admissions office through which you are enrolled or are applying:  
Undergrad Law Medicine MAC MBA Dentistry Summer School Continuing Studies Allied Health Sci.  
Education School of Public Health Pharmacy Graduate School/department: \_\_\_\_\_
6. Have you previously applied to UNC-CH for the Military Tuition Benefit? \_\_\_ Yes \_\_\_ No  
If yes, give date you applied \_\_\_\_\_ Through which admissions office? \_\_\_\_\_  
What was the determination? \_\_\_ Eligible \_\_\_ Ineligible
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**PART II: To be answered by applicant if s/he is member of an armed service.**  
**(Dependents skip to PART III)**

1. Rank \_\_\_\_\_ Serial No. \_\_\_\_\_
2. In which of the following armed services are you currently serving? (circle one)  
US Air Force US Army US Coast Guard US Marine Corps US Navy NC National Guard
3. Is this a Reserve Component of indicated service? \_\_\_ Yes \_\_\_ No 4. Are you on active duty? \_\_\_ Yes \_\_\_ No
5. What is your permanent duty station?  
\_\_\_\_\_
6. Current street address/building location at which you live (no PO Box) \_\_\_\_\_  
\_\_\_\_\_
7. Have you been admitted to UNC-CH? Yes \_\_\_\_\_ No \_\_\_\_\_
8. 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 \_\_\_\_\_

**AFFIDAVIT INSTRUCTIONS:**

9. 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.

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# APPLICATION FOR MILITARY TUITION BENEFIT

## For Military Dependents

### **PART III: To be completed by applicants who claim the Military Tuition Benefit as Dependent Relatives of Service Members**

1. Current street address/building location at which you live (no PO Box) \_\_\_\_\_  
\_\_\_\_\_
2. Have you been admitted to UNC-CH? \_\_\_\_ 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 No. \_\_\_\_\_
  - d. Date of birth \_\_\_\_\_
  - e. Branch of armed services (Circle one):  

US Air Force    US Army    US Coast Guard    US Marine Corps    US Navy NC    National Guard
  - f. Is this a Reserve Component of indicated service? \_\_ Yes \_\_ No
  - g. Is service member on active duty? \_\_ Yes \_\_ No
  - h. Permanent duty station? \_\_\_\_\_
  - i. Current street address/building location at which service member lives (no PO Box) \_\_\_\_\_  
\_\_\_\_\_
4. 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, give that date \_\_\_\_\_
5. Is the service member through whom you claim the Military tuition Benefit in receipt of orders for permanent assignment outside of North Carolina? \_\_\_\_ Yes \_\_\_\_ No    If yes, what is the beginning date of that assignment? \_\_\_\_\_
6. What is your relationship to the service member through whom you claim the Military Tuition Benefit? \_\_\_\_\_
7. Are you currently registered with the selective Service System? \_\_\_\_ Yes \_\_\_\_ No    Which state? \_\_\_\_\_  

If no, state why you are not so registered. **NOTE:** All male citizens of the US born on or after January 1, 1960, who are 18 but not yet 26 years of age, must register with the Selective Service System.

  
\_\_\_\_\_  
\_\_\_\_\_

**please.... FOLLOW INSTRUCTIONS ON NEXT PAGE - - CONCERNING AFFIDAVIT REQUIREMENTS, REQUIRED SIGNATURES, CERTIFICATIONS, and ACKNOWLEDGEMENTS...**

**And return all four (4) pages of this application with appropriate affidavits, etc. to your admissions office**

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## AFFIDAVIT

8. Attach an affidavit from the appropriate military authority attesting to your military dependent 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** or you will not receive the Military Tuition Benefit for the term in question:

- a. A statement that you are the *military dependent* of a service member. (If the affidavit does not say military dependent, it is unacceptable.) ;
- b. The name/rank of service member through whom you claim the benefit;
- c. A statement that the service member through who you claim the Benefit is on active duty, stationed in North Carolina; and
- d. **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.)

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## SIGNATURES OF ACKNOWLEDGEMENTS AND CERTIFICATIONS

I hereby acknowledge that completion of Item 3 (Social Security number) is voluntary\*, and is requested by the institution as a temporary identifier until a Personal Identification Number (PID) is assigned. I understand that I am required to provide my SSN on admission applications so that the University can fulfill its reporting obligations under Federal and State tax laws.

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 Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

\_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_  
Signature of Applicant                      Parent or Guardian signature if                      Date  
Applicant under 18 years of age

Thank you.



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

**APPLICATION FOR PRELIMINARY DETERMINATION OF ELIGIBILITY  
FOR MILITARY TUITION BENEFIT/RESIDENT ADMISSION STATUS**  
*(FOR UNDERGRAD STUDENTS ONLY)*

Under North Carolina General Statutes Section 116-143.3, certain members of the armed services and their dependent relatives may become 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. 166-143.1. Copies of the applicable law and of implementing University regulations are available for inspection upon request in UNC-Ch's Office of Undergraduate Admissions. The basic requirement for eligibility is that the individual live with, and be the military dependent of, a member of the armed forces who is stationed in North Carolina on active military duty.

Under North Carolina General Statutes Section 116-143.4, certain military dependents enrolled in North Carolina high schools or North Carolina General Education Development (GED) programs may also be eligible to be considered residents of the State for admission purposes.

PLEASE COMPLETE THIS APPLICATION AND RETURN IT AS SOON AS POSSIBLE SO THAT WE MAY DETERMINE WHETHER YOU ARE ELIGIBLE TO BE CONSIDERED A RESIDENT OF THE STATE FOR ADMISSION PURPOSES.

BECAUSE MILITARY DUTY STATIONS CHANGE FREQUENTLY, WE CANNOT MAKE A FINAL DETERMINATION OF YOUR ELIGIBILITY FOR THE MILITARY TUITION BENEFIT AT THIS TIME. IF IT APPEARS FROM THE INFORMATION YOU PROVIDE ON THIS FORM THAT YOU MIGHT BE ELIGIBLE FOR THE TUITION BENEFIT, YOU WILL BE REQUIRED TO SUBMIT A SUPPLEMENTAL APPLICATION AND SUPPLEMENTAL AFFIDAVIT LATER.

## INSTRUCTIONS

1. **Answer all questions.** If any question is not applicable to your situation, write "Not Applicable."
2. **Print or type all responses.** If you print your responses, you must use black ink. If you need more space to answer a question, write "See Attached" in the space provided and attach separate additional sheets, numbering your response the same as the corresponding question and stapling these sheets to this application form.
3. **Be completely accurate to the best of your knowledge** and understanding when answering each question. Knowingly falsifying your responses will subject you to disciplinary action, including possible dismissal from the University. **When a "date" is requested, give month, day, and year.**
4. **Sign and Date this application where indicated** to make those acknowledgements and certifications necessary to render this an acceptable application.
5. **Attach all required affidavits.** (See Question 12)

## APPLICATION FOR MILITARY TUITION BENEFIT

1. Applicant's full name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ Sex (M or F): \_\_\_\_\_
3. Social Security No. \* \_\_\_\_\_ 4. Personal ID No. (PID) \_\_\_\_\_
5. Are you currently enrolled in UNC-CH? \_\_\_\_ Yes \_\_\_\_ No Are you applying for admission \_\_\_\_ Yes \_\_\_\_ No  
Circle earliest term and indicate year for which you want this decision to apply:  
Fall, 20\_\_\_\_ Spring, 20\_\_\_\_ Summer Session I, 20\_\_\_\_ Summer Session II, 20\_\_\_\_
- 6A. Are you currently enrolled in High School? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give the name and address of the High School \_\_\_\_\_
- 6B. Are you currently enrolled in a GED program? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give the location of the GED program \_\_\_\_\_
7. Current street address/building location at which you live (no PO Box) \_\_\_\_\_
8. Give the following information for the service member through whom you claim the Military Tuition Benefit:
  - a. Full name \_\_\_\_\_ b. Rank \_\_\_\_\_
  - c. Serial No. \_\_\_\_\_ d. Date of birth \_\_\_\_\_
  - e. Branch of armed services (Circle one):  
US Air Force US Army US Coast Guard US Marine Corps US Navy NC National Guard
  - f. Is this a Reserve Component of indicated service? \_\_ Yes \_\_ No
  - g. Is service member on active duty? \_\_ Yes \_\_ No
  - h. Permanent duty station? \_\_\_\_\_
  - i. Current street address/building location at which service member lives (no PO Box) \_\_\_\_\_  
\_\_\_\_\_
9. 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 beginning date of that assignment?  
\_\_\_\_\_
10. Is the service member through whom you claim the Military Tuition Benefit in receipt of orders for permanent assignment outside of North Carolina? \_\_\_\_ Yes \_\_\_\_ No If yes, what is the beginning date of that assignment?  
\_\_\_\_\_
11. What is your relationship to the service member through whom you claim the Military Tuition Benefit?  
\_\_\_\_\_
12. Are you currently register with the Selective Service System? \_\_\_\_ Yes \_\_\_\_ No If no, state why you are not so registered. **NOTE:** All male citizens of the US born on or after January 1, 1960, who are 18 but not yet 26 years of age, must register with the Selective Service System.  
\_\_\_\_\_

13. Attach an affidavit from the appropriate military authority attesting to your military dependent 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** or you will not receive the Military Tuition Benefit for the term in question:
- a. A statement that you are the *military dependent* of a service member. (If the affidavit does not say military dependent, it is unacceptable.)
  - b. The name of the service member through whom you claim the Benefit.
  - c. A statement that the service member through who you claim the Benefit is on active duty, stationed in North Carolina.
  - d. **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.)
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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.

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 Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

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Signature of Applicant

Parent or Guardian signature if  
Applicant under 18 years of age

Date