

Dear Petitioner:

Attached is **Special Tuition Benefit Form 1** relevant to **Military Tuition Benefits for Spouses and Dependents**. Please comply with the instructions and provide documentation from your sponsor's commander or his designee (example copy included).

Once you have completed the application, return or mail to:

**Office of Admissions
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301-4298**

SPECIAL TUITION BENEFITS FORM 1

Military Tuition Benefit for Spouses and Dependents

Under North Carolina General Statutes Section 116-143.3, certain military 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. 116-143.1. Copies of the applicable law and of implementing University regulations are available for inspection upon request in the **Office of 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. Any such applicant for this benefit must be academically qualified for admission to this institution.

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 for these benefits.

In the event your sponsor is reassigned outside of North Carolina you will continue to be eligible for the **In-State rate so long as you are continuously enrolled in the degree program.**

Instructions

1. Answer all questions. If any question is not applicable to your situation, write “Not Applicable.”
2. Print or type all responses clearly. 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 Affidavit Instructions and Signature: Item 11). Submit this application and all affidavits to the **Office of Admissions**.

SPECIAL TUITION BENEFITS FORM 1 (continued)

Military Tuition Benefit for Spouses and Dependents

1. Applicant's full name _____
2. Date of Birth _____
3. Have you previously applied for the Military Tuition Benefit?
_____ (yes) _____ (no)
If yes, give date you applied _____
What was the determination? _____
4. Current street address/building in which you live (do not include PO Box)

5. 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 Corp 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. What is/was the effective date of this PCS (Permanent Change of Station)?

 - j. Current street address/building location at which service member lives (no PO Box)

6. 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:

7. 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?

8. What is your relationship to the service member through whom you claim the Military Tuition Benefit?

9. Are you currently registered 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.

10. 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 whom 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 have the authority to make an affidavit attesting to the above information and its veracity.)

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.

Signature of Applicant

**Parent of Guardian signature
Applicant under 18 years of age**

Date

EXAMPLE

Name of Unit
Fort Bragg, North Carolina 28307-51

TO: Office of Admissions
Fayetteville State University
Fayetteville, NC 28301-4298

From: John E. Smith, CPT, QM
COMMANDING

DATE: March 29, 1993

Name of Active Duty Member: Doe, John, SSN 123-45-6789

Unit Address: 182nd DMMC (ABN)
82nd AND Division
Fort Bragg, NC 28307-5100

Unit Phone Number: 396-4319/5693

ETS Date: 24 February 1994

Dependent's Name: *If Dependent is the individual applying for
In-State Tuition*

(Signature of Any Officer of Company Designee)