

Dear Petitioner:

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

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

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

Forms (Special Benefits Form and Affidavit) must be completed and returned to the Office of Admissions (Collins Building, 1st floor) before the tenth calendar day of classes. **If this form is not returned by the specified deadline, the change in residency will not take effect until the following semester.**

Military Tuition Benefit for Active Duty members, Spouses, and Dependents

Under North Carolina General Statutes Section 116-143.3, 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. 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 be active duty military stationed in North Carolina or 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.

This application must be submitted prior to the initial enrollment term for which the In-State benefit is claimed. 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. If you or your sponsor are no longer stationed in North Carolina, and a break in your enrollment occurs, you are no longer eligible for this benefit. If a break in your enrollment does occur, and you or your sponsor are still stationed in North Carolina, You are eligible for this benefit. You must resubmit this form prior to the term in which you readmit.

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

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. (must be a physical address, A PO Box is not acceptable)

5. Give the following information for the service member (if you are not the service member) through whom you claim the military tuition benefit:

a. Full Name: _____

b. Rank: _____

c. Date of Birth: _____

d. Branch of Armed Services (Circle One)

US Air Force

US Army

US Coast Guard

US Marine Corp

US Navy

NC National Guard

e. Is this a Reserve component of indicated service? _____ Yes _____ No

f. Are you or the service member on active duty? _____ Yes _____ No

g. Permanent duty station? _____

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

i. Current street address/building location at which service member lives (physical address required, PO Box is unacceptable)

SPECIAL TUITION BENEFITS FORM 1 (continued)

6. Do the orders by which you or your active duty sponsor was assigned to active military duty in North Carolina establish a date the duty will cease? _____Yes _____No
If yes, give that date: _____

7. Are you or your active duty sponsor 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. If you are not the service member, 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 active duty or military dependent status and to your duty status and location or that 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 ***active duty member*** or ***military dependent*** of a service member (If the affidavit does not say Active Duty Member/Military Dependent, it is unacceptable).
- b. Your name or the name of the service member through whom you claim the Benefit must be provided.
- c. A statement that you or 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 or 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 or Guardian Signature
Applicant under 18 years of age

Date

EXAMPLE

Name of Unit
Fort Bragg, NC 28307-51

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

From: John E. Smith, CPT, QM
COMMANDING

Date: February 22, 2012

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: 396.319.5693

ETS Date: 1 January XXXX

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

(Signature of Any Officer of Company Designee)

Please have both forms (Special Benefits form and Affidavit) completed and returned to the Office of Admissions (Collins Building, 1st Floor) before the tenth calendar day of classes. **If this form is not returned by the specified deadline, the change in residency will not take effect until the following semester.**