

**Application for the Benefit of the In-State Tuition Rate
As a Member of the Armed Services or Dependent Relative Thereof
At Fayetteville State University**

Appendix D

Under North Carolina General Statutes Section (G.S.) 116-142.3 certain members of the armed services and their dependent relatives may be eligible to be charged the In-State tuition rate whether or not they qualify as residents for tuition purposed under G.S. 116-143.1. The pertinent law and implementing-regulations are available for inspection in the Office of Admissions, C.J. Barber Administration Building and may be examined upon request. Included among the requirements are that the member of the armed services and relative claiming the benefit through a member be living together in North Carolina incident to the supporting member's active military duty and that the applicant for the benefit qualify for academic admissions to the pertinent institution.

This application must be submitted prior to initial enrollment in each academic year for which the In-State benefit is claimed.

DIRECTIONS

1. Respond to all questions within the part of the form that you are to complete. If any question is not applicable to your situation, write "Not Applicable" or "N/A"
2. Print or type all responses: If necessary, write "See Attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and stapling or taping these sheets to this application form.
3. Be completely accurate to the best of your knowledge and understanding. Knowing falsification of your response may subject you to disciplinary action including dismissal from the institution. When "date" is requested, give day, month, and year.
4. Sign and date this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.
5. Attach the require affidavit. (See Part I, Item 10; or Part II, item 11)

Part I (FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS)

1. Applicant's Full Name _____
Rank _____, Serial Number _____
 2. Social Security Number (voluntary) _____
 3. Date of Birth _____
 4. Check one of the following armed services in which you are currently serving on active military duty:
U.S. Air Force _____ US Marine Corps _____ U.S. Army _____
N.C. National Guard _____ U.S. Coast Guard _____ U.S. Navy _____
Is this a Reserve Component of the indicated service? Yes _____ No _____
 5. What is your permanent duty station? _____
 6. What is the street address or building location at which you are currently living?

 7. Have you been academically admitted to this institution? Yes _____ No _____
 8. Beginning with what academic term are you seeking the tuition benefit? _____
 9. Do the orders by which you were assigned to active military duty in North Carolina establish a date on which that duty will cease? Yes _____ No _____
If "Yes", what is that date? _____
 10. **Attach an affidavit from the appropriate military authority attesting to your duty status and location. (See Example of Statement)**
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Part II (FOR APPLICANTS WHO CLAIM THE TUITION AS A DEPENDENT RELATIVE OF SERVICE MEMBERS)

1. Applicant's Full Name _____
2. Social Security Number (voluntary) _____
3. Date of Birth _____
4. What is the street address or building location at which you are currently living?

5. Have you been academically admitted to this institution? Yes _____ No _____
6. Beginning with what academic term are you seeking the tuition benefit?

7. For the service member through whom you claim the tuition benefit, provide the following:
 - a. Full Name _____
 - b. Rank _____
 - c. Serial Number _____
 - d. Date of Birth _____
 - e. Branch of armed service (check one):
U.S. Air Force _____ US Marine Corps _____
U.S. Army _____ N.C. National Guard _____
U.S. Coast Guard _____ U.S. Navy _____
Is this a Reserve Component of the indicated service? Yes _____ No _____
8. 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 that date? _____
9. **Attach a duty-notarized affidavit from the appropriate military authority attesting to your dependent status and duty status and location of the service member whose dependent you are (your spouse). (See Example of Statement)**

I hereby acknowledge that completion of Item 2 of Part I or II (Social Security Number) is voluntary, is requested by the Institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

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.

Applicant's Signature

Date

Military ID Card Number

Expiration Date

**Signature of parent or guardian
(If applicant is under 18 years of age)**

Date

→**Example Letter**←
→**For In-State Residency**←

Office/Company's Letter Head

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

FROM: **John E. Smith, CPT, QM**
COMMANDING

DATE: **March 29, 1993**

Name: (Active Duty Member)
Address: 182d DMMC (ABN)
82d ABN Division
Fort Bragg, NC 28307-5100
Phone: **396-4319/5693 (Unit Phone #)**
ETS Date: 24 February 1994

Dependents' Name & SSN: _____

(Must be Signed by Company Commander)

John E. Smith
CPT, QM
COMMANDING