VETERAN: 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 31, Chapter 33, or Chapter 35 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.

Veteran:

- GI Bill Certificate of Eligibility or proof that you have submitted your application to the VA for GI Bill benefits (application confirmation sheet from VA E-benefits account)
- 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).

Applicant	t's Full Name:						
Banner II	D: [
Personal	E-mail Address:						
Street Ad	dress:						
City:			State:	Zip Code:			
Phone Nu	umber:						
For applicants who are currently VETERANS or will be at the time of enrollment (first day of class):							
1. Date	of initial entry into mil	itary service					
2. Disch	arge or retirement da	te					
Yes If yes,	No , please attach PROOF	th Carolina or will you be F OF ABODE IN NORTH Carom the landlord, copy of	AROLINA. Proof of	Abode include	s, but is not limited		
4. Have	you been academical	ly admitted to this institu	ition? Yes	No			
5. Begin Fall	_	mic term are you seeking ummer Other:	g the tuition bene	fit Year:			

6. Are you eligible to use U.S. Department of Veterans Affairs benefits? No Yes If yes, please attach 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. Select One: Chapter 30 Montgomery GI Bill Chapter 33 Post 9/11 Chapter 31 VR&E Chapter 33 Post 9/11 (Transfer Benefits) Chapter 35 Dependent Education Assistance FRY Scholarship You must sign your initials by each statement in the sections that are applicable to you to indicate that you have read and understand these statements. Failure to initial by each statement in the applicable sections may result in your application being returned and will delay processing. __ I have attached a copy of my DD214 (official member 4 copy) - VETERANS ONLY I have attached a copy of my GI BILL CERTIFICATE OF ELIGIBILITY or PROOF THAT I HAVE SUBMITTED MY APPLICATION TO THE VA FOR GI BILL BENEFITS (application confirmation sheet from VA E-benefits account). 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 a copy of my 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. _ 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 an active-duty member of the armed services or as a recipient of education benefits under Chapter 30 (Montgomery G.I. Bill Active Duty Education Assistance Program), Chapter 33 (Post-9/11 Educational Assistance) or Chapter 35 (Dependent Education 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.

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.

PLEASE SIGN AND DATE BEL	.OW			
Signature of Applicant			Date	
FOR OFFICE USE ONLY Date of Review		Reviewed By		
Tuition Status Determined:	In-state	Out-of-state		