



Application for the Benefit of a Reduced Tuition Rate as a Member of the Armed Services
or Dependent Relative Thereof

Under North Carolina General Statutes specified members of the United States armed forces and their military dependents may be eligible for a tuition rate less than that charged the out-of-state student. For an individual in the military, he or she must be on active duty with a permanent duty station in North Carolina (i.e., has "Permanent Change of Station" orders placing him or her in North Carolina). The military dependent must also reside in North Carolina with the active duty member of the military on whom he or she is officially dependent, and, if the military dependent is a male between the ages of 18 and 26, he must have registered with the Selective Service System. Note that this law applies even though the person in question (i.e., the military member or his or her military dependent) is not a permanent (legal) resident of the State. Note also that the person applying for this benefit must be accepted for admission to Appalachian State University. This application, completed and in proper order, must be submitted to the Registrar's Office (see address below) prior to the first day of classes of the initial term of enrollment in each academic year for which the reduced tuition benefit is claimed.

DIRECTIONS

1. Respond to all questions in that section of the form you are asked to complete. If a question appears to be not applicable to your particular situation, write either "Not Applicable" or "N/A". Please be aware, however, that a response of "Not Applicable" may be challenged by the Registrar's Office--the information may be deemed essential and therefore required.
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 responses may subject you to disciplinary action including dismissal from the institution. When "date" is requested, give day, month, and year.
4. Sign and date where indicated to render this a viable application.
5. Attach the required affidavit(s). (See Part I, items 10 and 11, or Part II, item 11, as appropriate.)
6. Mail the completed form to: Office of the Registrar, John Thomas Hall, Appalachian State University, Boone, NC 28608.

PART I. FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS.

(If you are not a member of the Armed Services, skip to Part II.)

1. Applicant student's full name:
Rank: Serial Number:
2. Social Security Number (voluntary):
3. Date of birth:
4. Check that one of the following armed services in which you are currently serving on active military duty:
 U. S. Air Force U. S. Marine Corps U. S. Coast Guard
 U. S. Army N.C. National 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.

11. Attach an affidavit from the appropriate military authority identifying any amounts payable to this institution, or to you, from federal or state government that are military education assistance to pay tuition. This affidavit may express these amounts either as a percentage of eligible costs to be covered or as a dollar amount paid or to be paid, depending on how the authorizing regulation is worded.

PART II. FOR APPLICANTS WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVES 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 U. S. Marine Corps U. S. Coast Guard

U. S. Army N.C. National Guard U. S. Navy

Is this a Reserve Component of the indicated service? Yes No

f. Permanent duty station

g. Street address or building location at which the service member currently lives

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 the date?

9. Is the service member through whom you claim the 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?

10. What is your relationship to the service member through whom you claim the tuition benefit?

11. Attach an affidavit from the appropriate military authority at testing to your military dependency status and the duty status and location of the service member whose dependent you are (your sponsor).

12. Are you currently registered with the Selective Service System? Yes No
If "No" state why you are not so registered.

(Note. All male citizens born on or after January 1, 1960, who are 18 but not yet 26 years old must register with the Selective Service System.)

- 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

Signature of parent or guardian (if applicant is under 18 years of age) Date