

Student Name _____ ID# _____

Cell Phone # _____ Email address _____



Veteran Service Member

Dependent of Veteran

Central Carolina Community College (GREEN form) v082822

VETERAN and VETERAN DEPENDENT WAIVER APPLICATION FOR THE BENEFIT OF THE IN-STATE TUITION RATE Per GUIDELINES SPECIFIED by the 702 CHOICE ACT

Section 702 of the Choice Act requires that VA disapprove programs of education for payments of benefits under the CH 33 Post-9/11 GI Bill, CH 30 Montgomery GI Bill, CH 31 Veteran Readiness and Employment Bill, or CH 35 Survivors' and Dependents' Educational Assistance Program at a public institution of higher learning if the school charges *qualifying* individuals tuition and fees in excess of the rate for resident students. To remain approved for Post-9/11, MGIB, VR&E, or SDEAP benefits, schools must charge in-state tuition and fee amounts to "covered individuals" under those programs. This waiver only applies to terms beginning after July 1, 2015.

State Authority: NCGS 116-143.3A. Waiver of 12-month residency requirement for certain veterans and other individuals entitled to federal education benefits under 38 USC Chapter 30, 31, 33 or 35.

Eligibility is determined based on usage of benefits and must be reviewed for each term of enrollment.

Directions

- Respond to all questions.** If any question is not applicable to your situation, indicate "Not Applicable" or "N/A."
- Print or type all responses.** If necessary, indicate "see attached" in the space provided, and use separate additional sheets to complete your response, numbering each sheet the same as the corresponding question and stapling, taping or attaching sequentially the additional sheet(s) to the application form.
- Be completely accurate** to the best of your knowledge and understanding. Knowingly falsifying any of your responses may subject you to disciplinary action, including dismissal from the institution. When "date" is requested, give month, day, and year.
- Sign and date** this application where indicated in order to make the application complete. Digital signatures or use of your college email account may be used as an electronic signature. Unsigned/incomplete applications will not be accepted and will delay or halt completion of your request.

PART I: THIS SECTION IS FOR THE STUDENT INFORMATION (Complete if you are the veteran or the veteran's dependent relative.)

- Current street address where you are living: _____

- Home phone number _____ Date of Birth _____
- Have you been academically admitted to CCCC? YES NO
- Beginning with what academic term are you seeking the tuition benefit? _____
- Are you using Chapter 30, Chapter 31, Chapter 33, or Chapter 35 benefits while enrolled at CCCC? YES NO
- What is your relationship to the service member through whom you claim the tuition benefit?

- If required, have you registered with Selective Service? YES NO NA

PART II: THIS SECTION IS FOR THE VETERAN INFORMATION

- What was your enlistment date? _____
- What was your discharge date? _____
- Check the armed service in which you (or your parent/spouse if you are a dependent) were discharged.
US Air Force US Army US Coast Guard US Marine Corp US Navy US National Guard
Was this a Reserve Component of the indicated service? YES NO
Commissioned Corps of the US Public Health Service National Oceanic and Atmospheric Administration

PART III: VA Benefit Eligibility and Usage

Chapter 30

I hereby certify that _____ is eligible and will be using
Print Student Name

Chapter 31

benefits for the _____ term(s).
Print Term(s)

Chapter 33

Chapter 35

VA Coordinator's Signature

VA Coordinator's printed name

Date

PART IV: DOCUMENTATION *(Must be attached to form.)*

Military discharge paperwork Form DD-214

Proof of NC abode (Lease/Mortgage or Warranty Deed)

Federal tax form 1040 (Required only for dependents claiming benefit.) _____

Letter of intent to establish residence in North Carolina Tax Year

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 the 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 *printed name* *Date*

Signature of Parent or Guardian (if applicant is under 18 yrs of age) *Date*

OFFICE USE ONLY

| |
|---|
| <i>Designation</i> _____ |
| <i>Term</i> _____ |
| |
| <i>Official</i> _____ |
| CCCC Reviewer Signature Date |