

# WAYNE COMMUNITY COLLEGE

## Application for the Benefit of the In-State Tuition Rate As a member of the Armed Services or Dependent Relative Thereof

Under North Carolina General Statutes Section (G.S.) 116-143.3, 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 purposes under G.S. 116-143.1. The pertinent law and implementing regulations are available for inspection in the Wayne Community College Library and may be examined upon request. Included among the requirements are that the member of the armed services and a 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 admission at 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. Known 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 this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.

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### 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's full name: \_\_\_\_\_  
Rank: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Check the following 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 the designated 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? \_\_\_\_\_

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### ACTIVE DUTY MILITARY PERSONNEL

This is to attest that \_\_\_\_\_ is on active duty at \_\_\_\_\_  
(Name) (Duty Station)

Supervising Military Authority Signature

Date

**PART II. FOR APPLICANT WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVE(S) OF SERVICE MEMBERS.**

1. Applicant's full name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
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 the designated institution?  Yes  No
6. Beginning with what academic term are you seeking the tuition benefit? \_\_\_\_\_
7. Provide the following for the service member through whom you claim the tuition benefit:
  - a. Full name: \_\_\_\_\_
  - b. Rank: \_\_\_\_\_
  - c. Social Security Number: \_\_\_\_\_
  - d. Date of birth: \_\_\_\_\_
  - e. Please check branch of armed service:  
 U. S. Air Force                       U. S. Marine Corps                       U. S. Coast Guard  
 U. S. Army                                       N. C. National Guard                       U. S. Navy
  - 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 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? \_\_\_\_\_
9. Is the service member through whom you claim the tuition benefit in receipt of orders for temporary assignment outside North Carolina?  Yes  No If yes, what are the beginning and ending dates of that assignment?  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
10. What is your relationship to the service member through whom you claim the tuition benefit? \_\_\_\_\_

- \* I hereby acknowledge that completion of item 2 of Part I or Part 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

**AFFIDAVIT**  
(For Tuition Residency Classification)

**For Military Dependents**

This is to attest that \_\_\_\_\_ is a military dependent of \_\_\_\_\_  
(Dependent's Name) (Sponsor's Name)  
whose active duty station is \_\_\_\_\_  
(Duty Station)

\_\_\_\_\_  
Supervising Military Authority Signature

\_\_\_\_\_  
Date