



ECU

Office of the Registrar | 207 East 5th Street | Mail Stop 518 | Greenville, NC 27858-4353
Office: (252) 328-6747 | Fax: (252) 328-4232 | Email: regis@ecu.edu
www.ecu.edu/registrar

APPLICATION FOR THE BENEFIT OF PAYING IN-STATE TUITION AS A SPOUSE / DEPENDANT OF ONE OF THE FOLLOWING:

- I) *An Active Duty Service Member*
- II) *A Veteran, Former Service Member or Other Covered Individuals Using:*
 - *Transferred Chapter 33 (Post 9/11 Educational Assistance) GI Bill® Benefits*
 - *Chapter 35 (Dependants Educational Assistance) Benefits*
 - *The Marine Gunnery Sergeant John David Fry Scholarship*

All Current/Prospective Undergraduate/Graduate Students should submit application and supporting documentation to:

East Carolina University
Office of the Registrar
Attn: Academic Services
207 East 5th Street
Greenville, NC 27858-4353
phone: (252) 328-6077 fax: (252) 328-1505
email: CAS@ecu.edu

Please note: all students must first complete the residency process through The North Carolina Residency Determination Service (NC RDS).

This application cannot be accepted until the NC RDS application is completed.

Please visit: www.ncresidency.org for the residency application process and eligibility details.

ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED.

If a question is not applicable to your situation, type "Not Applicable" or "N/A."

1. TYPE OR PRINT ALL RESPONSES. If you need more space to answer, indicate "see attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and send these sheets with this application form.
2. 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, provide month, day, and year.
3. SIGN AND DATE the application where indicated to make those acknowledgments and certifications necessary to render this a viable application.
4. ATTACH THE REQUIRED ADDITIONAL DOCUMENTS:
 - Spouse/Dependent of Active Duty Service Member:
 - Signed and dated letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose spouse/dependent you are (your sponsor).
 - 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).
 - Spouse/Dependent of Veteran or Other Covered Individual Using a GI Bill® Benefit (Chp 33 / 35 / Fry Scholarship):
 - GI Bill® Certificate of Eligibility
 - 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).

ENTITLEMENTS:

SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER:

Under North Carolina General Statute Section (G.S.) 116-143.3 certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under G.S. 116-143.3.

SPOUSE/DEPENDENT OF VETERAN OR FORMER SERVICE MEMBER:

Under North Carolina General Statute Section (G.S.) 116-143.3A certain veterans and other individuals entitled to federal education benefits under 38 U.S.C. Chapter 30, 38 U.S.C. Chapter 33, or 38 U.S.C 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.

Applicant's Full Name: _____ **Banner ID Number:** _____

E-mail Address: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Part I. For applicants who are SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER who will be active duty at the time of enrollment (enrollment = first day of the term).

If your spouse or parent is not currently an active duty member of the armed services or will not be an active duty service member at the time of enrollment, skip to Part II.

1. Have you been academically admitted to this institution? Yes No

2. Beginning with what academic term are you seeking the tuition benefit?

Term: Fall Spring Summer Other

Year: _____

3. Do you currently live in North Carolina or will you be living in North Carolina on the first day of the term?

Yes No

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.

4. For the service member through whom you claim the tuition benefit, provide the following:

a. Rank _____

b. Branch of Service _____

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

c. Permanent duty station _____

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

- e. Do the orders by which the service member was assigned to active military duty establish a date on which that duty will cease? Yes No

If "Yes" what is the date? _____

Please attach a signed and dated letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose spouse/dependent you are (your sponsor).

Part II. For applicants who are SPOUSE/DEPENDENT OF VETERAN or who will be a veteran at the time of enrollment (enrollment = first day of the term).

1. For the veteran through whom you claim the tuition benefit, provide the following:
 - a. Date of initial entry into military service. _____
 - b. Discharge or retirement date. _____
2. Do you currently live in North Carolina or will you be living in North Carolina on the first day of the term?
 Yes No

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.

3. Have you been academically admitted to this institution? Yes No
4. Beginning with what academic term are you seeking the tuition benefit?
Semester: Fall Spring Summer Other

Year: _____

5. Are you eligible for and will you be using transferred Chapter 33 (Post-9/11 GI Bill® Benefits), Chapter 35 (Dependants Educational Assistance Benefits) or the John David Fry Scholarship?
 Yes No

If yes, please attach a copy of your GI Bill® Certificate of Eligibility or Fry Scholarship Award. The Spouse/Dependent must be using the GI Bill® while enrolled in order to qualify for the in-state tuition waiver per the state Residency Determination Services guidelines.

Part III. Student Attestations:

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. If they do not apply to you, you may write N/A.

SPOUSE/DEPENDENT OF ACTIVE DUTY SERVICE MEMBER:

_____ I have attached a signed and dated letter on PRE-PRINTED MILITARY LETTERHEAD from the appropriate military authority attesting to my military dependency status and the duty status and location of my spouse/parent.

_____ I have attached proof of my 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 campus housing

_____ I will be using my GI Bill® benefits while enrolled.

SPOUSE/DEPENDENT OF VETERAN:

I have attached a copy of my GI Bill® Certificate of Eligibility or Fry Scholarship award.

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 proof of my 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 will be using my GI Bill® benefits while enrolled.

ALL STUDENTS:

I have answered all questions. If any question was not applicable to my situation, I have written "N/A." When "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 acknowledgments 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 the spouse or dependent relative of an active duty member of the armed services or as a recipient of the Fry Scholarship or transferred education benefits under Chapter 33 (Post-9/11 GI Bill® Benefit) or Chapter 35 (Dependants Educational 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 BELOW.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

Date of Review _____ Reviewed By _____

Tuition Status Determined: In-state Out-of-state