

PITT COMMUNITY COLLEGE

Appendix D

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APPLICATION FOR THE BENEFIT OF THE IN-STATE TUITION RATE AS A MEMBER OF THE ARMED SERVICES OR DEPENDENT RELATIVE THEREOF AT PITT COMMUNITY COLLEGE

Under North Carolina General Statutes Section (G.S.) 116-143.3 certain members of the armed services and their dependent relative 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 Office of the Vice President of Student Development 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 the academic admission at the pertinent institution.

This application must be submitted prior to the 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 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** this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.
5. **Have executed by the appropriate military authority the affidavit** attesting to your duty or dependency status. See page 5 for affidavit.

APPENDIX D – PART I
FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS
(If you are not a member of the Armed Services, please skip to Part II)

APPLICANT INFORMATION

1.	Applicant's full name:			
	Rank:		Serial Number:	
2.	Social Security Number (voluntary):			
3.	Date of Birth:	/ /		
4.	Check one of the following armed services in which you are currently serving on active military duty:			
	<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> U.S. Marine Corps		
	<input type="checkbox"/> U.S. Army	<input type="checkbox"/> N.C. National Guard		
	<input type="checkbox"/> U.S. Coast Guard	<input type="checkbox"/> U.S. Navy		
	Is this a Reserve Component of the indicated service? <input type="checkbox"/> yes <input type="checkbox"/> 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?	<input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no			
	If "Yes", what is the date? Day: Month: Year:			
10.	Have executed by the appropriate military authority the affidavit attesting to your duty status and location (see page 5)? <input type="checkbox"/> yes <input type="checkbox"/> no			

APPENDIX D – PART II
FOR APPLICANTS WHO ARE THEMSELVES 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?	<input type="checkbox"/> yes <input type="checkbox"/> no		
6.	Beginning with what academic term are you seeking the tuition benefit?			

7.	For the service member through who you claim the tuition benefit , provide the following information:			
a.	Full name:			
b.	Rank:			
c.	Serial Number:			
d.	Date of Birth:	/ /		
e.	Branch of armed service (check one)			
	<input type="checkbox"/>	U.S. Air Force	<input type="checkbox"/>	U.S. Marine Corps
	<input type="checkbox"/>	U.S. Army	<input type="checkbox"/>	N.C. National Guard
	<input type="checkbox"/>	U.S. Coast Guard	<input type="checkbox"/>	U.S. Navy
	Is this a Reserve Component of the indicated service? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes", what is that date? Day: Month: Year:			
9.	Is the service member through whom you claim the tuition benefit in receipt of orders for permanent assignment outside of North Carolina? <input type="checkbox"/> yes <input type="checkbox"/> no If "Yes", what are the beginning and end date of that assignment? Beginning: Day: Month: Year: Ending: Day: Month: Year:			
10.	What is the relationship to the service member through whom you claim the tuition benefit?			
11.	Have executed by the appropriate military authority the affidavit attesting to your military dependency status and the duty status and location of the service member whose dependent you are (your spouse). See page 5. <input type="checkbox"/> yes <input type="checkbox"/> no			

- I hereby acknowledge that completion of Item 2 of Part I or II (Social Security Number) is voluntary, is requested by the College solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this College.
- 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 College may verify the information set forth herein from sources accessible under law to the College but that the College 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 College

Applicant's Signature:		Date: (month/day/year)	/ /
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Signature of parent or guardian (if applicant is under 18 yrs. of age):		Date: (month/day/year)	/ /
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MILITARY DEPENDENTS 18 YEARS OR OLDER

Statement of Registration Compliance

<input type="checkbox"/>	I certify that I am registered with Selective Service.
<input type="checkbox"/>	I certify that I am not required to be registered with Selective Service because:
<input type="checkbox"/>	I am a female
<input type="checkbox"/>	I am in the armed services on active duty (Note: Members of the reserves and National Guard are not considered on active duty.)
<input type="checkbox"/>	I have not reached my 18 th birthday
<input type="checkbox"/>	I was born before 1960
<input type="checkbox"/>	I am a permanent resident of the Trust Territory or the Northern Mariana Islands

Applicant's Signature:		Date: (month/day/year)	/ /
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PITT COMMUNITY COLLEGE
P.O. Drawer 7007
Greenville, NC 27835-7007

AFFIDAVIT
(For Tuition Residency Classification)

For Military Dependents

This is to attest that (Dependent's Name):	
is the military dependent of (Sponsor and Service No.)	
whose active duty station is:	

Supervising Military Authority Signature:		Date: (month/day/year)	/ /
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For Active Duty Service Personnel

This is to attest that (Name and Service No.):	
Is on active duty at (Duty Station):	

Supervising Military Authority Signature:		Date: (month/day/year)	/ /
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This form should be returned to:

Pitt Community College
Office of Admissions & Records
Attention: Registrar
P.O. Drawer 7007
Greenville, NC 27835-7007
FAX: 252-321-4209