

APPLICATION FOR DETERMINATION OF ELIGIBILITY FOR MILITARY TUITION BENEFIT

Under North Carolina General Statutes Section 116-143.3, certain members of the armed services and their dependent relative(s) may become eligible to be charged less than the out-of-state tuition rate even if they do not qualify as residents for tuition purposes under G.S. 116-143.3. The application law and implementing College regulations are available for inspection at the Admissions Office in Student Development. Included among the requirements are that, at the time of enrollment in the academic program, the member of the armed services be on active duty and stationed in NC on permanent change of station orders. In order for a dependent relative of the service member to be considered eligible for this benefit, the dependent relative must live with, and claim the benefit through, the service member. Applicants for this benefit must also qualify academically for admissions to Cape Fear Community College.

- **Service members who are determined to be eligible for this benefit must RE-APPLY for it (1) if they do not remain continuously enrolled, (2) if they enroll in a different program, or (3) if they are discharged from the service.**
- **Dependents of service members who are determined to be eligible for this benefit must RE-APPLY for it (1) if they do not remain continuously enrolled, (2) if they enroll in a different program, (3) if the service member is discharged from the service or (4) if they cease to be a dependent of the service member.**

INSTRUCTIONS

YOU MUST SUBMIT THIS APPLICATION AND ALL REQUIRED AFFIDAVITS TO YOUR ADMISSIONS OFFICE PRIOR TO THE FIRST DAY OF CLASSES OF THE FIRST TERM OF ENROLLMENT FOR WHICH YOU CLAIM THE REDUCED TUITION BENEFIT.

1. **Answer all questions** within the parts of the application that apply to you. All applicants for the Benefit must answer Part I and either Part II or Part III, attaching all required affidavits. **If the form and affidavits you submit are not completed in full by the filing deadline, you will be found ineligible for the Military Tuition Benefit for the term in question.** If any question is not applicable to your situation, write "Not Applicable."
2. **Print or type all responses.** If you print your responses, you must use black ink. If you need more space to answer a question, write "See Attached" in the space provided and attach separate additional sheets, numbering your response 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** when answering each question. Knowingly falsifying your responses will subject you to disciplinary action, including possible dismissal from the College. **When a date is requested, give month, day, and year.**
4. Sign and date this application where indicated to make those acknowledgements and certifications necessary to render this an acceptable application.
5. Attach all required affidavits. (See Part II, item 9, or Part III, item 8, as appropriate.)
6. This application is valid for one year from the date it is received in the Admissions Office.

Student's Printed Name

Student ID Number

Director of Admissions

Date

APPLICATION FOR MILITARY TUITION BENEFIT

PART I: To be answered by all applicants

- 1. Applicant's full name _____
- 2. Date of birth _____
- 3. College ID No. _____
- 4. Are you currently enrolled in Cape Fear Community College? ____ Yes ____ No

Are you applying for admission ____ Yes ____ No

Circle earliest term and indicate year for which you want this decision to apply:

Fall, 20____ Spring, 20____ Summer Session I, 20____ Summer Session II, 20 ____

Circle admissions office through which you are enrolled or are applying:

Cape Fear Community College Wilmington Campus 411 North Front Street Wilmington, NC 28401	Cape Fear Community College North Campus 4500 Blue Clay Road Castle Hayne, NC 28429
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- 5. Have you previously applied to Cape Fear Community College for the Military Tuition Benefit?
____ Yes ____ No If yes, give date you applied _____
Through which admissions office? _____
What was the determination? _____ Eligible ____ Ineligible

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PART II: To be answered by applicants who are members of the armed services.
(Dependents skip to PART III)

- 1. Rank _____ Serial No. _____
- 2. In which of the following armed services are you currently serving? (circle one)

US Air Force	US Army	US Coast Guard
US Marine Corps	US Navy	NC National Guard
- 3. Is this a Reserve Component of the indicated service? ____ Yes ____ No
- 4. If you are in the NC National Guard are you (circle one) North Carolina resident Nonresident
- 5. Are you on active duty? ____ Yes ____ No
- 6. What is your permanent duty station?

- 7. Current street address/building location at which you live (no PO box)

- 8. Have you been admitted to Cape Fear Community College? ____ Yes ____ No

9. Do the orders by which you were assigned to active military duty establish a date on which that duty will cease? _____ Yes _____ No
If yes, give that date _____
10. Attach an affidavit from the appropriate military authority attesting to your duty status and location. "Appropriate military authorities" include such individuals as commanding officers, payroll office administrators, base education officers, or any person not related to you who has the authority to make an affidavit attesting to the above information and its veracity. **NOTE: Furnishing a copy of your military orders or exhibiting your military ID will not satisfy this requirement.**

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 further acknowledge falsifying any information herein will result in disciplinary action, including possible dismissal from the institution or non-admission.

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 by the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Service Member: _____ Date: _____

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PART III To be answered by applicants who are dependent relatives of a service member

1. Current street address/building location at which you live (no PO Box)

2. Have you been admitted to Cape Fear Community College? _____ Yes _____ No
3. Give the following information for the service member through whom you claim the Military Tuition Benefit:
 - a. Full name _____
 - b. Rank _____
 - c. Serial No. _____
 - d. Date of birth _____
 - e. Branch of armed service (circle one)

US Air Force	US Army	US Coast Guard
US Marine Corps	US Navy	NC National Guard
 - f. Is this a Reserve Component of the indicated service? _____ Yes _____ No
 - g. Is service member on active duty? _____ Yes _____ No
 - h. Permanent duty station? _____
 - i. Current street address/building location at which service member lives (no PO Box)

4. 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, give that date _____

5. Is the service member through whom you claim the Military 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? _____
6. What is your relationship to the service member through whom you claim the Military Tuition Benefit?

7. Are you currently registered with the Selective Service System? ____ Yes ____ No
Which state? _____

If you answered “no”, why are you not registered? (NOTE: All male citizens of the US born on or after January 1, 1960, who are 18 but not yet 26 years of age, must register with the Selective Service System.)

8. Attach an affidavit from the appropriate military authority attesting to your military dependent status and to the duty status and location of the service member whose military dependent you are.

NOTE: The affidavit must contain the following elements:

- a. A statement that you are the military dependent of a service member. (If the affidavit does not say “military dependent,” it is unacceptable);
- b. The name and rank of the service member through whom you claim the benefit;
- c. A statement that the service member through who you claim the benefit is on active duty, stationed in North Carolina; and
- d. The signature of the appropriate military authority. (You may not sign this affidavit. The service member through whom you claim the benefit may not sign this affidavit. “Appropriate military authorities” include such individuals as commanding officers, payroll office administrators, base education officers, or any person not related to you who has the authority to make an affidavit attesting to the above information and its veracity.)

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 further acknowledge that knowingly falsifying any information herein will result in disciplinary action, including possible dismissal from the institution or non-admission.

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 by the Family Education Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Signature of Military Dependent: _____

Date: _____

Signature of Parent or Guardian: _____
(if Military Dependent is under 18)

Date: _____

MILITARY AFFIDAVIT

To be completed by an appropriate military authority attesting to the duty status and location of the service member or military dependent status. Appropriate military authorities include such individuals as commanding officers, payroll office administrators, base education officers, or any person not related to the applicant who has the authority to attest to the service member's status and location.

1. Service Member's Full Name: _____

2. Branch of Armed Services:

US Marine Corps

US Coast Guard

US Army

US Navy

US Air Force

NC National Guard

3. Permanent duty station of the service member: _____

4. Entry Base Date: _____ EAS: _____

5. Current Address: _____

MILITARY DEPENDENT

Relationship to the service member through whom you claim the tuition benefit: _____

This is to attest that _____ is a military dependent of

_____ whose current active duty station is _____

CERTIFICATION

Certifying military authority name and rank:

Name (please print)

Rank

Date

Signature