

APPLICATION FOR IN-STATE TUITION RATES

Student Name:	
Student ID Number or Social Security Number:	
Local Address:	
Local Phone Number:	
Date of Birth:	
Permanent Address:	
If your permanent address is different than your local address, how many months out of the year do you live at the permanent address?	
Email Address:	

Are you a U.S. Citizen? Yes No If not, please specify: _____

Country of origin:

Type of Visa: (Please attach a copy of both front & back of VISA or green card.)

Date of Issue:

Expiration Date:

Term in which you are requesting in-state tuition rates (Must be a future term):

Beginning with your current address, please list your residence locations for the past four years with specific beginning and ending dates:

Current:	
From:	To:
Prior:	
From:	To:
Prior:	
From:	To:
Prior:	
From:	To:

1. Classification you wish your in-state tuition based on:

- Your own Virginia Domicile
- Dependency on a parent or guardian who is domiciled in Virginia who provides 50% or more of your financial support or claims you as a tax dependent
- Dependency on your spouse who provides 50% or more of your financial support

2. Do any of the following characteristics apply to you? Place a check mark beside all that apply:

- Age 24 or older
- Ward of the court or was a ward of the court until age 18
- Veteran or active duty member of the U.S. Armed Forces
- If both parents are deceased, no adoptive or legal guardians
- Graduate Student
- Legal dependents other than a spouse

3. What are your post-graduation plans? Please attach any documentation you have to confirm these plans.

4. If you checked any of the criteria in item #3, or if you answered 'No' to #1 or #2, please fill out the following table, based on your monthly income and expenses.

Source of expenses (i.e., telephone bill, rent, etc.)	Monthly Cost (Estimate)	Amounts of Financial Support/ Income & Sources

Domicile/Supplemental Information

1. Have you been employed in Virginia for the past year? Yes No
- If no, were you: Not employed or Employed in another state
2. Was a tax return filed or income taxes paid to Virginia as a full-or part-year resident on all earned income last year? Yes No
- If no, were taxes paid to: Another state or Didn't file
3. Are you a registered voter in Virginia? Yes No
- If no, are you registered to vote in another state? Yes No
4. Do you hold a valid Virginia drivers' license? Yes No
- If no, do you hold a license in another state? Yes No
5. Did you operate a motor vehicle registered in Virginia during the last year? Yes No
- If no, is it registered in another state? Yes No
6. Have you lived outside Virginia for the past year? Yes No
- If yes, will you have been employed in Virginia and earned at least \$10,300 during the past year?
- Yes No

7. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?

Yes No

8. Do you have health insurance? Yes No

If yes, who is responsible for paying the premium? What is the approximate cost?

9. Do you have auto insurance? Yes No

If yes, who is responsible for paying the premium? What is the approximate cost?

10. Why did you move to Virginia?

11. Please provide any other information you feel is relevant to your case. Additional pages may be attached.

For Military Applicants Only

Who is a member of the Armed Forces? Self Parent/Legal Guardian Spouse

Answer corresponding questions according to your answer:

SELF/SPOUSE

1. Have income taxes been paid to Virginia on all military income for the last year? Yes No

If no, have income taxes been paid to another state? Yes No

2. Does the current Leave/Earnings statement reflect Virginia withholding? Yes No

If yes, effective date of change to Virginia

PARENT/LEGAL GUARDIAN

1. Have income taxes been paid to Virginia by the military parent for the last year? Yes No

If "no" has non-military parent/guardian paid Virginia taxes on all earned income for the last year?

Yes No

2. Does the current military Leave/Earnings Statement reflect Virginia withholding? Yes No

If "yes", effective date of change to Virginia

3. Does the military member claim you as a dependent for federal and Virginia income tax purposes?

Yes No

- **Parent/Legal Guardian/Spouse Information:** Please have your parent/legal guardian or spouse answer the following questions.

What is your relationship to the applicant?

Mother Father Legal Guardian Spouse

1. Have you been employed in Virginia for the past year? Yes No

If no, were you: Not employed or Employed in another state

2. Was a tax return filed or income taxes paid to Virginia as a full-or part-year resident on all earned income last year? Yes No

If no, were taxes paid to: Another state or Didn't file

3. Are you a registered voter in Virginia? Yes No

If no, are you registered to vote in another state? Yes No

4. Do you hold a valid Virginia drivers' license? Yes No

If no, do you hold a license in another state? Yes No

5. Did you operate a motor vehicle registered in Virginia during the last year? Yes No

If no, is it registered in another state? Yes No

6. Have you lived outside Virginia for the past year? Yes No

If yes, will you have been employed in Virginia and earned at least \$10,300 during the past year?

Yes No

Paid Virginia income taxes on all taxable income earned in Virginia during the past year?

Yes No

7. Did you claim the applicant as a dependent for federal and Virginia income tax purposes?

Yes No

• **Parent/Legal Guardian/Spouse Information**

Beginning with your current address, please list your residence locations for the past four years with specific beginning and ending dates:	
Current:	
From:	To:
Prior:	
From:	To:
Prior:	
From:	To:
Prior:	
From:	To:

- **Parent/Legal Guardian/Spouse Certification and Signature**

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, the applicant and/or I may be subject to repayment of tuition, dismissal, or both. I agree to furnish the college or university with supporting documentation related to my application.

Signature: _____ Date: _____

- **Student Certification and Signature**

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition, dismissal, or both. I agree to furnish the college or university with supporting documentation related to my application.

Signature: _____ Date: _____

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