Attached is the **Application for Determination of Eligibility for Military Tuition Benefit** relevant to service members and their spouses and dependents. Please follow the instructions and provide an affidavit from your commander or his designee (example copy included).

Once you have completed the application and attached the required affidavit, return or mail to:

**Office of Admissions**

**Lenoir Community College**

**PO Box 188 Kinston, NC 28502-0188**

**EXAMPLE AFFIDAVIT**

**Name of Unit**

**Fort Bragg, North Carolina**

TO: Lenoir Community College

Director of Admissions

PO Box 188

Kinston NC 28502-0188

FROM: John E Smith, CPT, QM

COMMANDING

DATE: August 21, 2012

Name of Active Duty Member: Doe, John, SSN 123-45-6789

Unit Address: 182nd DMMC (ABN)

82nd AND Division

Fort Bragg, NC 28307-5100

Unit Phone Number: 396-4319/5693

ETS Date: 24 February 2013

Dependent’s Name (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Any Officer of Company Designee)

**APPLICATION FOR DETERMINATION OF ELIGIBILTY 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. 116-143.1. The application law and implementing College regulations are available for inspection at the Admissions Office. 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 Lenoir 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 10, or Part III, item 8, as appropriate.)

**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 Lenoir 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 20 \_\_\_\_

1. Have you previously applied to Lenoir Community College for the Military Tuition Benefit?

\_\_\_\_\_ Yes \_\_\_\_\_No If yes, give date you applied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the determination? \_\_\_\_\_\_\_\_ Eligible \_\_\_\_\_\_\_\_ Ineligible

**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

1. Is this a Reserve Component of the indicated service? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If you are in the NC National Guard are you (circle one): North Carolina resident Nonresident
3. Are you on active duty? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. What is your permanent duty station?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been admitted to Lenoir Community College? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Attach an affidavit from the appropriate military authority attesting to your duty status and location (**See example on page 2). “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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been admitted to Lenoir Community College? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Give the following information for the service member through whom you claim the Military Tuition Benefit:
   1. Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Serial No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Branch of armed service (circle one)

US Air Force US Army US Coast Guard

US Marine Corps US Navy NC National Guard

* 1. Is this a Reserve Component of the indicated service? \_\_\_\_\_ Yes \_\_\_\_\_ No
  2. Is service member on active duty? \_\_\_\_\_ Yes \_\_\_\_\_ No
  3. Permanent duty station? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Current street address/building location at which service member lives (no PO Box)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your relationship to the service member through whom you claim the Military Tuition Benefit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 US citizens born on or after January 1, 1960, who are 18 but not yet 26 years of age, must register with the Selective Service System.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Attach an affidavit from the appropriate military authority** (See example on page 2) 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:

1. A statement that you are the military dependent of a service member. (If the affidavit does not say “military dependent,” it is unacceptable);
2. The name and rank of the service member through whom you claim the benefit;
3. A statement that the service member through who you claim the benefit is on active duty, stationed in North Carolina; and
4. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if Military Dependent is under 18)