

APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

For Office Use Only	TERM _____
Empl. ID _____	IS <input type="checkbox"/> OS <input type="checkbox"/>
Staff Initials _____	Date _____

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Failure to complete and return this form to the college will result in an out-of-state classification for tuition purposes. Please contact the admissions and records office at your college if you have any questions.

SECTION A – TO BE COMPLETED BY APPLICANT	SECTION B – PARENT, LEGAL GUARDIAN, OR SPOUSE
<p>1. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Print Full Name SSN </div> </p> <p>2. How long have you lived in Virginia? _____</p> <p>3. Citizenship: () U.S. () Non-U.S. () *Permanent Resident Date of VISA issue: ____/____/____ Date of VISA expiration: ____/____/____ *VISA Type _____ *Must provide documentation to the college.</p> <p>4. Where have you lived for the past two years? List current address first: From (mo/yr) To (mo/yr) Street Address City State</p> <p>_____</p> <p>_____</p> <p>YES NO</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> a. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent? If yes, Section B must be completed by your parent or legal guardian. <input type="checkbox"/> <input type="checkbox"/> b. If you are married, do you want to claim eligibility for in-state tuition on your spouse's domicile? If yes, Section B must be completed by your spouse.</p> <p>6. If you are under the age of 24, Section B must be completed by your parent or legal guardian, unless (check all that apply to you): () Veteran or active duty member of the U.S. Armed Forces () Graduate/first professional student () Have legal dependents other than spouse () Married () Ward of the court or were a ward of the court until age 18 <i>If you are under the age of 24 and checked none of the items above, your parent or legal guardian must complete Section B unless you provide clear and convincing evidence that you have been financially self sufficient for at least one year prior to the first day of the term.</i></p> <p>YES NO</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Will you have filed a tax return or paid income taxes to any state other than Virginia during the past twelve months? If yes, what State? _____</p> <p>8. For the entire twelve months prior to the term in which you enroll, will you have: <input type="checkbox"/> <input type="checkbox"/> a. filed a tax return or paid income taxes to Virginia on all earned income? <input type="checkbox"/> <input type="checkbox"/> b. been a registered voter in Virginia? <input type="checkbox"/> <input type="checkbox"/> c. held a valid Virginia driver's license or a Virginia DMV ID card? If yes, date issued: ____/____/____ <input type="checkbox"/> <input type="checkbox"/> d. owned or operated a motor vehicle registered in Virginia?</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Are you or any member of your immediate family presently on active duty with the U.S. Armed Forces? If no, go to Question 11. <input type="checkbox"/> <input type="checkbox"/> a. Will Virginia income taxes have been paid on all military income for the twelve months prior to the term you will enroll? <input type="checkbox"/> <input type="checkbox"/> b. Is Virginia listed on your leave and earnings statement (LES)? If yes, when was it changed to Virginia? _____ Please attach a copy of your current LES <input type="checkbox"/> <input type="checkbox"/> c. If your spouse is in the military and stationed in Virginia pursuant to orders, will you have resided in Virginia, earned at least the equivalent of a full-time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which you will enroll? If yes, please attach Virginia income tax returns and military orders.</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> Have you been discharged from the U.S. Armed Forces? If yes, discharge date: _____</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> Answer this question only if you live outside Virginia, but work in Virginia: Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which you will enroll? If yes, please attach a copy of your Virginia income tax returns.</p> <p>I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.</p>	<p>1. Name of parent, legal guardian, or spouse _____</p> <p>2. Relationship to applicant: () Parent () Legal Guardian () Spouse</p> <p>3. Citizenship: () U.S. () Non-U.S. () *Permanent Resident Date VISA issued ____/____/____ Date of VISA expiration: ____/____/____ *VISA Type _____ *Must provide documentation to the college.</p> <p>4. How long have you lived in Virginia? _____</p> <p>5. Where have you lived for the past two years? List current address first: From (mo/yr) To (mo/yr) Street Address City State</p> <p>_____</p> <p>_____</p> <p>YES NO</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Will you have filed a tax return or paid income taxes to any state other than Virginia during the past twelve months? If yes, what State? _____ For what months? _____</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Will you have claimed the applicant as a dependent for federal and Virginia income tax purposes prior to the term in which the applicant will enroll?</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Will you have provided over half of the applicant's financial support?</p> <p>9. For the entire twelve months prior to the term in which the applicant will enroll, will you have: <input type="checkbox"/> <input type="checkbox"/> a. been a registered voter in Virginia? <input type="checkbox"/> <input type="checkbox"/> b. held a valid Virginia driver's license or DMV ID card? If yes, date issued: ____/____/____ <input type="checkbox"/> <input type="checkbox"/> c. owned or operated a motor vehicle registered in Virginia?</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> a. Are you or any member of your immediate family presently on active duty with the U.S. Armed Forces? If yes, check: <input type="checkbox"/> self and/or <input type="checkbox"/> spouse If no, go to Question 11. <input type="checkbox"/> <input type="checkbox"/> b. Will Virginia income taxes have been paid on all military income for the past twelve months prior to the term in which the applicant will enroll? <input type="checkbox"/> <input type="checkbox"/> c. Is Virginia listed on your leave and earnings statement? If yes, when was it changed to Virginia? _____ Please attach a copy of your current LES <input type="checkbox"/> <input type="checkbox"/> d. If your answer to Question #10a is yes, will the applicant's non-military parent or spouse have resided in Virginia and claimed the applicant as a dependent on Virginia income tax forms, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which the applicant will enroll? If yes, please attach federal and Virginia income tax returns. <input type="checkbox"/> <input type="checkbox"/> e. Have you been discharged from the U.S. Armed Forces? If yes, discharge date: _____</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> Answer this question only if you live outside Virginia but work in Virginia: Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which the applicant will enroll? If yes, please attach a copy of your Virginia income tax returns.</p> <p>I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to this application, if I am requested to do so.</p>
<p>_____ Signature of Applicant Date</p>	<p>_____ Signature of Parent, Legal Guardian, or Spouse Date</p>