

**APPLICATION DEADLINE**

Fall Semester – August 10  
Spring Semester – December 10  
Summer Session I – May 10  
Summer Session II – June 10

**RETURN THIS FORM TO:  
THE GRADUATE SCHOOL  
UNC WILMINGTON  
601 SOUTH COLLEGE ROAD  
WILMINGTON, NC 28403-3297**

STATUS \_\_\_\_\_ IN-STATE \_\_\_\_\_ OUT-OF-STATE \_\_\_\_\_

TERM \_\_\_\_\_

DATE OF MEETING \_\_\_\_\_

COMMENTS \_\_\_\_\_

**THE UNIVERSITY OF NORTH CAROLINA AT WILMINGTON**

**APPLICATION FOR THE BENEFIT OF A REDUCED TUITION RATE AS A  
MEMBER OF THE ARMED SERVICES OR DEPENDENT RELATIVE**

Under North Carolina General Statutes Section (G.S.) 116-143 certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residences for tuition purposes under G.S. 116-143.1. The pertinent law and implementing regulations are available for inspection in the Admissions Office and the Reserve Desk in the Library 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 for academic admission to the pertinent institution.

This application, in proper order, must be submitted prior to the first day of classes of the first term of enrollment in each academic year for which the reduced tuition benefit is claimed.

**DIRECTIONS**

- 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."
- 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 or taping these sheets to this application form.
- 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.
- Sign and date** this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.
- Attached the required affidavit(s).** (See Part I, items 6 and 7, or Part II, item 7, as appropriate).

Applicant's full name \_\_\_\_\_ Rank \_\_\_\_\_ Serial number \_\_\_\_\_

Social security number (voluntary) \_\_\_\_\_ Date of birth \_\_\_\_\_

What is the street address, building location, city, state, zip code and phone number of the location where you are currently living?

**PART I. FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS.**

(If you are not a member of the Armed Services, skip to Part II.)

- Check that one of the following armed services in which you are currently serving on active military duty:

\_\_\_\_\_ U.S. Air Force

\_\_\_\_\_ U.S. Army

\_\_\_\_\_ U.S. Coast Guard

\_\_\_\_\_ U.S. Marine Corps

\_\_\_\_\_ N.C. National Guard

\_\_\_\_\_ U.S. Navy

Is this a Reserve Component of the indicated service? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. What is your permanent duty station? \_\_\_\_\_

3. Have you been academically admitted to this institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Beginning with what academic term are you seeking the tuition benefit? \_\_\_\_\_

5. Do the orders by which you were assigned to active military duty in North Carolina establish a date on which that duty will cease?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes, what is the date? \_\_\_\_\_

6. **Attach an affidavit, on pre-printed military letterhead,** from the appropriate military authority attesting to your duty station and location.

7. **Attach an affidavit, on pre-printed military letterhead,** from the appropriate military authority identifying any amounts payable to this institution, or to you, from your employer that may be used to satisfy, or reimburse for, tuition charges to this institution. This affidavit may express these amounts either as a percentage of eligible costs to be covered or as a dollar amount paid or to be paid, depending on how the authorizing regulation is worded.

**PART II. FOR APPLICANT'S WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVES OR SERVICE MEMBERS.**

1. Have you been academically admitted to this institution?  Yes  No
2. Beginning with what academic term are you seeking the tuition benefit?
3. For the service member through who you claim the tuition benefit, provide the following:
  - 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?  Yes  No
  - f. Permanent Duty Station \_\_\_\_\_
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," what is the date? \_\_\_\_\_
5. Is the service member through whom you claim the tuition benefit in receipt of orders of 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 tuition benefit? \_\_\_\_\_
7. **Attach** an affidavit, **on pre-printed letterhead**, from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose dependent you are (your sponsor).
8. Are you currently registered with the Selective Service System?  Yes  No If "No," state why you are not so registered. (Note. All male citizens born on or after January 1, 1960, who are 18 but not yet 26 years old must register with the Selective Service System). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that completion of the Social Security number is voluntary, is requested by the institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date