

# NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY (NCSEAA)

Read information on back before completing this form.

## APPLICATION FOR THE NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)\* 2009-2010 ACADEMIC YEAR

Submit completed form to authorized educational official.  
**DO NOT SEND TO NCSEAA.**

TYPE OR PRINT NEATLY IN INK.

"X" CORRECT BOXES

\*The institution may elect to use this form to determine residency for the State Contractual Scholarship Fund program.

<b>1. Name</b>				
Last Name	First Name	Middle Name		
<b>2. Permanent Residential Address (P O Box # Cannot Be Used)</b>				
Use Physical Street Address or Route Number		City or Town	State	Zip Code
County				
<b>3. Home Telephone Number w/Area Code</b>	<b>4. Social Security Number</b>		<b>5. Birth Date (mm/dd/yy)</b>	
_____	____-____-____		____/____/____	
<b>6. Name and Address of High School (HS) from which you graduated</b>				<b>7. Year Graduated From HS</b>
High School _____ City _____ State _____				_____
<b>8. (a) Are you a citizen of the U. S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) If No, do you possess an Lawful Permanent Resident 'Green Card' or Alien Registration Card (Form I-551)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(c) If No, what type of Visa do you hold? _____				
<b>9. Parents or Legal Guardian Current Permanent Address (Street or R.F.D., City, State)</b>				
_____				
If guardian, date of appointment _____				
<b>10. Length of Time Parents or Legal Guardian at Current Permanent Address</b> _____ Yrs.    _____ Mos.				
<b>11. Are you, your spouse or one of your parents a member of the Armed Forces?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes skip 12 unless retired)				
If Yes, identify relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse				
If Yes, is the individual on: <input type="checkbox"/> Active Duty <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Retired				
<b>12. (a) As of the first day of class of this School Term, how long have you been a legal NC resident?</b> _____ Yrs.    _____ Mos.				
(b) Date you became a legal NC Resident (mm/dd/yy) _____ Drivers License State _____ # _____				
<b>If you have been a resident in NC for less than 2 years, you are required to complete item 12 (c) giving accurate and appropriate information. You may submit a separate letter explaining any special circumstances to your institution. After reviewing this form, your institution may require more information to determine your residency.</b>				
(c) Where ( <b>which state</b> ) and when ( <b>year</b> ) did you complete the following activities during the past three years?				
	<u>FILED STATE TAX</u>	<u>PAID VEHICLE/</u>	<u>REGISTER TO</u>	
	<u>AS RESIDENT</u>	<u>PROPERTY TAX</u>	<u>VOTE/VOTED</u>	
	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>St/Yr</u>	<u>DRIVER'S LICENSE</u>
				<u>ST/Yr</u>
1. YOU:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
2. PARENT:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
3. GUARDIAN:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
4. SPOUSE:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
<b>13. As of the first day of class of this School Term, I will be enrolled and classified as a: (X one)</b>				
<input type="checkbox"/> Full-Time undergraduate degree seeking student enrolled for at least 12 hours of credit or the equivalent				
<input type="checkbox"/> Part-Time undergraduate degree seeking student enrolled for at least 6 hours of credit or the equivalent				
<input type="checkbox"/> Full or Part-Time student seeking a first-time teacher or nursing license				
<b>14. Do you have a previous undergraduate degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is it <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate				
If yes, from what institution? _____				

**Continue on reverse side**

Any questions concerning this application should be directed to the office that provided this application at your institution.

