

## Appendix D

Under North Carolina General Statutes Section (G.S.) 116-143.3, certain members of the armed services and their dependent relatives may be eligible to be charged the in-state tuition rate whether or not they qualify as residents for tuition purposes under G.S. 116-143.1. The Financial Aid Office at Methodist University has the pertinent law and regulations available for inspection and may be examined upon request. Included among the requirements is that the member of the armed services and a dependent relative claiming the benefit through the member be living together in North Carolina incident to the supporting member's active military duty. It is also required that the applicant for the benefit qualify for academic admission at the pertinent institution.

The application must be submitted prior to initial enrollment in each academic year for which the In-State benefit is claimed.

### Directions

1. Respond to all questions within the part of the form you must complete. If any question is not applicable to your situation, write "Not Applicable" or "N/A".
2. Print or type all responses. If necessary, in the space provided, write "see attached" and use separate additional sheets, numbering your responses the same as the corresponding question. Staple the sheets to this application form.
3. Be completely accurate to the best of your knowledge and understanding. Knowingly falsifying any of your responses may result in disciplinary action including dismissal from the institution.
4. When "date" is requested, give date, month and year.

### Part I. For applicants who are themselves active duty service members

1. Applicant's full name \_\_\_\_\_  
Rank \_\_\_\_\_ serial number \_\_\_\_\_
2. Social Security Number (voluntary) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Check one of the following armed services in which you are currently serving on active military duty:  
U.S. Air Force \_\_\_\_\_ U.S. Marine Corps \_\_\_\_\_  
U.S. Army \_\_\_\_\_ N.C. National Guard \_\_\_\_\_  
U.S. Coast Guard \_\_\_\_\_ U.S. Navy \_\_\_\_\_  
Is this a Reserve Component of the indicated service? Yes \_\_\_\_\_ No \_\_\_\_\_
5. What is your permanent duty station? \_\_\_\_\_
6. What is the street address or building location at which you are currently living? \_\_\_\_\_  
\_\_\_\_\_
7. Have you been academically admitted to Methodist University? Yes \_\_\_\_\_ No \_\_\_\_\_
8. What academic term are you seeking the tuition benefit? Fall \_\_\_\_\_ Spring \_\_\_\_\_
9. 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? \_\_\_\_\_

### Go to Part III (reverse side of this application) and complete

### Part II. For applicants who are dependents of active duty service members

1. Applicant's full name \_\_\_\_\_
2. Social Security Number (voluntary) \_\_\_\_\_
3. Date of birth \_\_\_\_\_
4. What is the street address or building location at which you are currently living? \_\_\_\_\_  
\_\_\_\_\_
5. Have you been academically admitted to Methodist University? Yes \_\_\_\_\_ No \_\_\_\_\_
6. What academic term are you seeking the tuition benefit? Fall \_\_\_\_\_ Spring \_\_\_\_\_
7. Please provide the following for the service member whom you claim the tuition benefit:
  - a. Full name \_\_\_\_\_
  - b. Rank \_\_\_\_\_
  - c. Serial number \_\_\_\_\_
  - d. Date of birth \_\_\_\_\_
  - e. Branch of armed services: (check one below)  
U.S. Air Force \_\_\_\_\_ U.S. Marine Corps \_\_\_\_\_  
U.S. Army \_\_\_\_\_ U.S. National Guard \_\_\_\_\_  
U.S. Coast Guard \_\_\_\_\_ U.S. Navy \_\_\_\_\_  
Is this a Reserve Component of the indicated service? Yes \_\_\_\_\_ No \_\_\_\_\_

(Continued)

- f. What is his/her permanent duty station? \_\_\_\_\_
- g. What is the street address or building location at which he/she is currently living?  
\_\_\_\_\_
8. 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? \_\_\_\_\_
9. Is the service member, whom you claim the tuition benefit, due orders of permanent assignment outside of North Carolina? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", what is the beginning date of that assignment? \_\_\_\_\_
10. What is the relationship to the service member whom you claim the tuition benefit? \_\_\_\_\_

**Go to Part III below and complete**

**Part III. Please read and sign where appropriate**

I hereby acknowledge that completion of item 2 of Part I or II (Social Security Number) is voluntary but is requested by Methodist University solely for administrative convenience and record-keeping accuracy and is requested only to provide a personal identifier for the internal records of Methodist University.

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 hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution. I understand 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**

\_\_\_\_\_  
**Date**

**Please complete the Affidavit below**

**North Carolina Legislative Tuition Grant Affidavit**

Under the guidelines approved by the North Carolina Legislature during the 1984 session, all military personnel and their dependents who are stationed in the State of North Carolina and attend classes full-time (12 hrs.) at a private institution in the state are authorized to receive financial aid from the state. In order to determine eligibility for receipt of this aid, it is required that the service member completes the following statement and has his/her unit commander sign where appropriate.

\_\_\_\_\_  
**(Today's Date)**

\_\_\_\_\_ is on active duty in the armed forces and is assigned to  
**(Service member name/rank)**

the \_\_\_\_\_ stationed at \_\_\_\_\_ in the state of North Carolina.  
**(Unit)** **(Military facility)**

\_\_\_\_\_  
**(Commander's Signature)**

\_\_\_\_\_  
**(Unit)**

**NOTE: The following statement is to be completed, if applicant is a military dependent.**

\_\_\_\_\_ is a dependent spouse/child of \_\_\_\_\_.  
**(Student's name)** **(circle one)** **(name/rank of sponsor)**