

Student's Name: \_\_\_\_\_  
Last First Middle Initial

Student ID#: \_\_\_\_\_ or Last 4 Digits of Social Security #: \_\_\_\_\_



## COASTAL CAROLINA COMMUNITY COLLEGE

### **Application for the Benefit of the In-State Tuition Rate as a Member of the Armed Services**

Under North Carolina General Statutes Section (NC G.S. 116-143.3) certain members of the armed services and their dependent family members may be eligible to be charged the in-state tuition rate whether or not they qualify as residents for tuition purposes under NC G.S. 116-143.1. The pertinent law and implementing regulations are available for inspection in the Student Services Office at Coastal Carolina Community College, and may be examined upon request. Included among the requirements are that the member of the armed services and a family member claiming the benefit through a member, be living in North Carolina incident to the supporting member's active military duty and that the applicant for the benefit qualify for academic admission at the pertinent institution.

**\*\*This application must be submitted prior to initial enrollment in each academic year for which the in-state rate benefit is claimed\*\***

#### DIRECTIONS

1. Respond to all questions and complete all the questions within the part of the form that applies to you.
2. Print or type all responses. If necessary, write "See Attached" in the space provided, and use an additional sheet(s), numbering your responses the same as the corresponding question and stapling these sheets to your application form.
3. Be completely accurate to the best of your knowledge and understanding.  
**Note: Knowing falsification of your responses may subject you to disciplinary action, including dismissal from the institution.**
4. When a date is requested, please give the day, month and the full year.
5. Sign and date this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.  
**Please note: The certifying Military Official must be a Staff Non-Commissioned Officer, higher ranking official or designated Family Readiness Officer.**
6. Turn in complete application to the Admissions Office located in the Student Service Center.
7. If you have any questions, please contact the Admissions Office at (910) 938-6396.

## APPLICATION FOR ACTIVE DUTY SERVICE MEMBERS

1. Applicant's full name: \_\_\_\_\_  
Student ID#/Social Security Number: \_\_\_\_\_ Rank: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
  
2. Check one of the following armed services in which you are currently serving on active duty:  
 US Marine Corps                       US Coast Guard                       US Army  
 US Navy                                       US Air Force                               NC National Guard
  
3. What is your permanent duty station? \_\_\_\_\_
  
4. What is the street address or building location at which you currently reside?  
\_\_\_\_\_
  
5. At which institution do you wish the tuition benefit to apply? Coastal Carolina Community College
  
6. Have you been academically admitted to the designated institution?                       YES                       NO
  
7. Beginning with which academic term are you seeking the tuition benefit? \_\_\_\_\_  
Year                      Term
  
8. Do the orders by which you were assigned to active military duty in North Carolina establish a date on which the duty will cease?  YES  NO      If YES, what is the date? \_\_\_\_\_
  
9. Sponsor's anticipated military separation date (*month/day/year*): \_\_\_\_\_  
(*Those with an indefinite military identification card use expiration date on your military ID card*)

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### CERTIFICATION BY APPROPRIATE MILITARY AUTHORITY

This is to attest that \_\_\_\_\_ is on active duty at

Last                      First                      Middle Initial

\_\_\_\_\_.  
Duty Station

\_\_\_\_\_

Printed Name of Supervising Military Authority

\_\_\_\_\_

Supervising Military Authority Signature

\_\_\_\_\_

Date

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\*\*\*I hereby acknowledge that submission of my Student ID# or Social Security Number 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 the institution.

\*\*\*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 but that the institution may divulge the contents of the application only as permitted under the Family Education Rights and Privacy Act (FERPA) of 1974 if I am, or have been, in attendance at the institution.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

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**\*\*BE SURE THAT THE CERTIFICATION BY APPROPRIATE MILITARY AUTHORITY IS COMPLETED\*\***