

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 Dependent Family Member

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 MILITARY FAMILY MEMBERS

1. Applicant's full name: _____
Student ID#/Social Security Number: _____ Date of Birth: ____/____/____
2. For the service member through whom you claim the tuition benefit, provide the following:
Full Name: _____ Rank: _____
Last 4 digits of Social Security Number: _____ Date of Birth: ____/____/____
Branch of Armed Services:
 US Marine Corps US Coast Guard US Army
 US Navy US Air Force NC National Guard
Is this a reserve component of the indicated service? YES NO
3. What is the permanent duty station of the above-reference member? _____
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 the member 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. What is your relationship to the member through whom you claim the tuition benefit? _____
10. Sponsor's anticipated military separation date (month/day/year): _____
(Those with an indefinite military identification card use expiration date on your military ID card)

CERTIFICATION BY APPROPRIATE MILITARY AUTHORITY

This is to attest that _____ is a military dependent of _____
Last First Middle Initial

_____ whose active duty station is _____
Name of Military Sponsor and Last 4 digits of Social Security Number

Printed Name of Supervising Military Authority

Supervising Military Authority Signature

Date

MILITARY FAMILY MEMBERS 18 YEARS OR OLDER

STATEMENT OF REGISTRATION COMPLIANCE

- I certify that I am not required to be registered with Selective Service because:
- | | |
|--|---|
| <input type="checkbox"/> I am a female | <input type="checkbox"/> I am a permanent resident of the Trust Territory or the Northern Mariana |
| <input type="checkbox"/> I am in the armed services on active duty | <input type="checkbox"/> I was born before 1960 |
- I certify that I am registered with the Selective Service

Signature

Date

***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 Educational Rights and Privacy Act (FERPA) of 1974 if I am, or have been, in attendance at the institution.

Applicant Signature

Date

Signature of Parent or Guardian (if applicant is under 18 years of age)

Date

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