

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 apply 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 you 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, or higher ranking official.**
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:
 

<input type="checkbox"/> US Marine Corps	<input type="checkbox"/> US Coast Guard	<input type="checkbox"/> US Army
<input type="checkbox"/> US Navy	<input type="checkbox"/> US Air Force	<input type="checkbox"/> NC National Guard
  
3. Please mark your current duty station in North Carolina:
 

<input type="checkbox"/> Camp Lejeune	<input type="checkbox"/> MCAS New River	<input type="checkbox"/> Cherry Point	<input type="checkbox"/> Other _____
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4. If necessary, can you provide documentation of your current duty station if requested by the college?  YES  NO (example: a copy of current orders, a current LES, a copy of your BIR, etc.)
  
5. Have you been academically admitted to Coastal Carolina Community College?  YES  NO
  
6. Beginning with which academic term are you seeking the tuition benefit? \_\_\_\_\_  
Year Term
  
7. Service Member's anticipated military separation date: \_\_\_\_\_  
(Those with an indefinite military separation date should use expiration date on military id card)

MONTH	DAY	YEAR
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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

_____ Supervising Military Authority Name/Rank	_____ Supervising Military Authority 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's Signature	_____ Date
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**\*\*BE SURE THAT THE CERTIFICATION BY APPROPRIATE MILITARY AUTHORITY IS COMPLETED\*\***