APPLICATION FOR THE NORTH CAROLINA MILITARY TUITION BENEFIT
AS A MEMBER OF THE ARMED SERVICES OR DEPENDENT RELATIVE

Under North Carolina General Statutes Section (G.S. 116-143.3) certain members of the armed services and their dependent relatives, who qualify for academic admission, may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under (G.S. 116-143.1). The pertinent law and implementing regulations are available for inspection in the Sampson Livermore Library and may be examined upon request. Included among the requirements are:

- Active duty service member stationed in North Carolina on Permanent Change of Station orders.
- Or, military dependent(s) who are living with the active duty service member stationed in North Carolina on Permanent Change of Station orders.
- Or, non-resident North Carolina National Guard member on active or reserve status. Please note, this benefit is not applicable to their dependents.
- Service members and their dependents who are determined to be eligible for this benefit must RE-APPLY for it (1) if they do not remain continuously enrolled, (2) if the service member is discharged from the service, or (3) if the dependent ceases to be a dependent of the service member.

IMPORTANT – READ THESE INSTRUCTION BEFORE COMPLETING THIS APPLICATION

- **Answer all questions. Incomplete forms will be returned.** Do not leave any sections blank. If any question is not applicable to your situation, write “Not Applicable” or “N/A”.

- **Print or type all responses.** If necessary, write, “see attached” in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and stapling or taping these sheets to this application form.

- **Be completely accurate** to the best of your knowledge and understanding. Falsification of your responses may subject you to disciplinary action including dismissal from the institution.

- **Sign and date** this application where indicated to make those acknowledgments and certifications necessary to render this a viable application, as required by law.

- Attach the required affidavit(s) on military letterhead. **The service member through who you claim the tuition benefit cannot serve as the appropriate military authority.**

- **Attach a copy of the service member’s current orders.**

- Application with affidavit(s) **must be received by the tenth day of classes** of the term for which the applicant wishes to be considered for a change in residency-and-tuition status.

NOTE: Apply for only one term per application. You must be admitted to the University before the Waiver can be reviewed. **North Carolina Military Tuition Waiver requirements are located on the Undergraduate Admissions webpage.** [Click here](#) to review.
## APPLICANT INFORMATION

1. Applicant’s Full Name: 

2. Banner ID #:  
   University assigned e-mail address:  @bravemail.uncp.edu

3. Date of Birth:  /  /  Place of Birth:  Sex:  Age:  

4. Applicant is:  [ ] Active Duty Military  [ ] Spouse of Active Duty Military  [ ] Dependent Son or Daughter

5. Current Address (if listing a P.O. Box, also include the street address):
   - Address Line 1:
   - Address Line 2:
   - City:  State:  Zip:  
   - Home phone #: (  )  -  Cell Phone: (  )  -  
   - From:  /  /  To:  /  /

6. Permanent Address: (if listing a P.O. Box, also include the street address):
   - Address Line 1:
   - Address Line 2:
   - City:  State:  Zip:  
   - If non U.S. Address, Providence/Country:  
   - From:  /  /  To:  /  /

## APPLICATION TERM & ENROLLMENT INFORMATION

7. This application applies to which term:
   - Fall/Year:   
   - Spring/Year:   
   - Summer I/Year:   
   - Summer II/Year:   

8. Are you enrolled at this institution for the current or future term?  [ ] Yes  [ ] No
   
   If no, the application cannot be processed until applicant has been admitted to the University.

## SERVICE MEMBER INFORMATION

9. Is applicant also the service member?  [ ] Yes  [ ] No  
   If no, relationship to you:  

10. Service member’s full name:  
    - First Name  
    - Middle Name  
    - Last Name  

11. Branch of Armed Service (check one):
    - [ ] U.S. Air Force  
    - [ ] U.S. Marine Corps  
    - [ ] U.S. Army  
    - [ ] U.S. Navy  
    - [ ] U.S. Coast Guard  
    - [ ] N.C. National Guard  
    - Is this a Reserve Component of the indicated service?  [ ] Yes  [ ] No  

12. Service Member’s Rank:  
    - Date of Birth of Service Member:  /  /  

13. What is the Service Member’s Home of Record state?  

14. What is the Service Member’s permanent duty station?  

15. Is the Service Member currently assigned to temporary duty in North Carolina?  [ ] Yes  [ ] No  
   If yes, provide dates:  
   - Beginning:  /  /  
   - Ending:  /  /  
16. **Attach an affidavit on military letterhead** from the appropriate military authority (i.e. commanding officer or personnel officer) attesting to your active duty status or military dependency status and permanent duty station. *(Affidavits must be notarized only if signed by military personnel below the rank of captain.)*

17. **Attach a copy of the service member’s current orders.**

18. In the event the member of the Armed Services is reassigned outside North Carolina, the dependent relative shall continue to be eligible for the in-state tuition rate and applicable mandatory fees so long as the dependent relative is continuously enrolled in the degree program in which the dependent relative was enrolled at the time the member reassigned.

### SELECTIVE SERVICE

*(answer below if applicant is the dependent child or spouse of Active Duty Service Member)*

**Note: All male citizens born on or after January 1, 1960, who are 18, but not yet 26 years old, must register with the Selective Service System.**

17. Are you currently registered with the Selective Service System?  □ Yes  □ No  

If no, select the exemption below that applies to you:

1. □ a female  
2. □ a male born before January 1, 1960  
3. □ a male less than 18 years and one month old at the first day of classes of the first academic term for which you are seeking the military tuition benefit under this application.  
4. □ a person on full-time active duty in the Armed Services or the Public Health Service  
5. □ a nonimmigrant alien with either a current Form I-94 (other than parole or refugee status) or Form I-95.  
6. □ a person confined in a medical institution since otherwise first required to register  
7. □ a person under penal care or incarceration since otherwise first required to register

### SIGNATURE AND CERTIFICATION

I certify that all information I have provided is true and accurate to the best of my knowledge. I understand that intentionally providing false or misleading information may result in revocation of my admission and/or a violation under the institution’s code of conduct.

I understand and agree that the University of North Carolina at Pembroke (UNCP) may verify information with regard to this application. I understand that UNCP may divulge the contents of this application only as permitted under state laws and/or under the Family Educational Rights and Privacy Act of 1974, if I am, or have been, in attendance at this institution.

Signature of Applicant: ___________________________________________  Date: __________________

Signature of parent or guardian: ___________________________________________  Date: __________________

(if applicant is under 18 years of age)

Return completed application with documentation to:

The University of North Carolina at Pembroke  
Office of Admissions  
P.O. Box 1510  
Pembroke, North Carolina 28372-1510  
Phone: (910) 521-6262  
Fax: (910) 521-6497  
E-mail: celestine.hunt@uncp.edu *(limit file size to 20MB)*
SAMPLE AFFIDAVIT
NOTE: Affidavit MUST be submitted on appropriate military letterhead and current orders for the service member should also be attached.

DEPARTMENT OF THE XXXXX
HEADQUARTERS, XXND DIVISION
FORT XXXXX, NORTH CAROLINA

Date

The University of North Carolina at Pembroke
Office of Admissions
P.O. Box 1510
Pembroke, North Carolina 28372-1510

Director of Admissions:

In response to your request for certification of relationship and eligibility of xxxx(military dependent’s name)xxxx, the following information is provided.

a. I certify that the applicant xxxx(military dependent’s name)xxxx is currently a military dependent eligible for all military benefits of the service member, xxxx(service member’s name)xxxx.

b. I certify the relationship of the applicant xxxx(military dependent’s name)xxxx is the xxxx(spouse/dependent child)xxxx of the service member xxxx(service member’s name)xxxx.

c. I certify xxxx(service member’s name)xxxx is currently on active duty or is a member of the North Carolina National Guard.

d. I certify xxxx(service member’s name)xxxx is currently assigned to Headquarters and Headquarters Battery, Division XXXXXXX, XXXXXXX, Fort XXXXX, North Carolina, per Military Order Number ###########.

e. I certify my name: ______________________, (Rank), (Branch), (Duty Station), Fort XXXXX, North Carolina.

Sincerely,

Name, Branch