



## OUT-OF-STATE FEE WAIVER FOR VETERANS

### INFORMATION AND ELIGIBILITY CRITERIA

Effective July 1, 2014, applicable for fall 2014 and thereafter, House Bill 7015 amended s. 1009.26, Florida Statutes, *Fee Waivers*, and created the Congressman C.W. Bill Young Veteran Tuition Waiver Program. The legislation authorized an out-of-state fee waiver for honorably discharged veterans of the United States Armed Forces, United States Reserve Forces or the National Guard who physically reside in Florida while enrolled in the institution.

#### Applicants for this waiver must meet the following eligibility criteria:

- Be a honorably discharged veteran of the United States Armed Forces, the United States Reserve Forces or the National Guard and provide the DD214 (Member 4 copy) that indicates discharge status
- Physically reside in Florida while enrolled at Tallahassee Community College and provide documentation such as a valid state-issued Florida Driver License, Identification Card, Voter Registration card or other legal documentation, which proves the veteran is physically residing in Florida.

#### Important notes:

1. Receipt of this out-of-state fee waiver does NOT constitute classification as a Florida resident for tuition purposes. A student who receives this waiver will remain classified as out-of-state (non-Florida) residents for tuition purposes.
2. A student who is granted this waiver is NOT eligible for state financial aid, including Bright Futures.
3. This waiver will cover the applicable portion of the out-of-state fees up to 110 percent of the required credit hours for the degree or certificate program in which the student is enrolled.

### APPLICATION (THIS SECTION IS TO BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)

STUDENT ID: \_\_\_\_\_ (Ex: A01-23-4567)

FULL NAME: \_\_\_\_\_  
Last First Middle

PHONE NUMBER: \_( ) - \_\_\_\_\_ - ( ) - \_\_\_\_\_  
Home Phone Cell Phone

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_.

THIS WAIVER REQUEST IS FOR TERM SESSION (check one): \_\_\_\_\_ Fall, 20\_\_\_\_ \_\_\_\_\_ Spring, 20\_\_\_\_ \_\_\_\_\_ Summer, 20\_\_\_\_

By signing this form, I (the student whose name and information appear on this application) understand and agree to the following terms:

- I am being classified as a non-Florida resident for tuition purposes and am not eligible for state financial aid.
- I must submit this waiver application to Admissions and Enrollment Services PRIOR to the published fee payment deadline for the term identified on this application.
- I must submit this waiver application to Admissions and Enrollment Services each semester.
- Upon submission of the completed waiver application and required documentation, the assessment of out-of-state fees associated with my registration is waived.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

#### THIS SECTION TO BE COMPLETED BY ADMISSIONS AND ENROLLMENT SERVICES STAFF.

Did student provide a DD214 (member 4 copy) indicating an honorable discharge? Yes No

Did student provide proof of physical address in Florida? Yes No

Waiver approved? Yes No If yes, what term? \_\_\_\_\_ If no, reason: \_\_\_\_\_

Form Processed by: \_\_\_\_\_ Date: \_\_\_\_\_