Tuition Waiver for Dependents of Fallen Service Personnel
APPLICATION

In recognition of the service and sacrifices of military service personnel and their qualifying dependents, the college shall waive tuition as follows:

- Qualifying dependents include Spouse, unremarried surviving spouse or dependent child who must be 23 years of age or younger at the time the child applies for the waiver
- Qualifying military service personnel must either have died on active duty or as a result of a service connected disability or is identified as 100 percent disabled as a result of military service
- Dependent must be an Oregon resident at the time of application for the waiver

The purpose of this waiver is to allow the dependent the opportunity to earn their first associates degree. Therefore, the waiver is offered for up to two years of full-time attendance or a degree (which ever comes first). The waiver does not cover books, fees or other expenses.

Adequate documentation must be provided including the Veterans’ certificate of death (if applicable), documentation of the Veteran’s military service (DD-214), proof of the applicant’s dependent status (DD Form 93, marriage/birth certificate) and documentation of the Veteran’s service connected disability rating as determined by the U.S. Department of Veterans’ Affairs.

Financial aid awards may be reduced by the use of this waiver.

Please complete the section below and submit to the Veteran’s Services department with required documentation **no later than the week prior to each term’s begin date**.

Student ID # (K#)____________________________ First Term requested:______________

Student Name:______________________________ ________________ ________________ ________________

Last First Middle

Address:___________________________________________________________

Street     City   State             Zip

Phone #:__(_____)______________________________(_____)___________________

Home     Cell

I hereby attest that based on the eligibility criteria above, I qualify for the Tuition Waiver for Dependents of Fallen Service Personnel and am attaching documentation proving my eligibility. I understand that should this waiver be approved only my tuition will be waived and I will be responsible for all fees and other expenses (including books) for my courses and that payment of all charges will be due within the published college timeline. I also understand that I must maintain Satisfactory Academic Progress each term to maintain eligibility.

Signature:______________________________________________  Date: __________________

College Use Only:

Date approved: _______________  Veterans Staff: ________________  First effective term: ________________