

Student's Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



## **CARTERET COMMUNITY COLLEGE**

### **Application for the Benefit of the In-State Tuition Rate as a Member of the Armed Services or Dependent Relative Thereof**

Under North Carolina General Statutes Section (NC G.S. 116-143.3) certain members of the armed services and their dependent relatives 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 Admissions Office at Carteret Community College and may be examined upon request. Included among the requirements are that the member of the armed services and a relative 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, in proper code, must be submitted prior to the first day of classes of the first term of enrollment in each academic year for which the reduced tuition benefit is claimed.**

**To receive this benefit you must:**

- **Be an active duty military member or be the dependent of an active duty member**
- **Active duty military member, must be stationed at a NC base on permanent change of status orders**
- **If you are an active duty member dependent, then you must be living in the same abode**

### **DIRECTIONS**

1. Respond to all questions and complete all the questions within the part of the form that you are to complete. If any questions is not applicable to your situation, write "Not Applicable" or "N/A".
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 or taping 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. **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 Enrollment Management office in the McGee Building.
7. If you have any questions, please contact the Admissions Office at (252) 222-6155 or e-mail at [admissions@carteret.edu](mailto:admissions@carteret.edu).

**PART I. FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS**

1. Applicant's Full Name: \_\_\_\_\_  
Rank: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student I.D. / Social Security Number: \_\_\_\_\_

2. Check one of the following armed services in which you are currently serving on active military duty (**check one**):

- \_\_\_\_\_ US Air Force
- \_\_\_\_\_ US Army
- \_\_\_\_\_ US Coast Guard
- \_\_\_\_\_ US Marine Corps
- \_\_\_\_\_ US Navy
- \_\_\_\_\_ NC National Guard

Is this a reserve component of the indicated service?      \_\_\_ YES \_\_\_ NO

3. What is your permanent duty station? \_\_\_\_\_

4. What is the street address or building location at which you are currently living?  
\_\_\_\_\_

5. At what institution do you wish the tuition benefit to apply? Carteret Community College

6. Have you been academically admitted to the designated institution? \_\_\_ YES \_\_\_ NO

7. Beginning with what academic term are you seeking the tuition benefit? \_\_\_\_\_  
Year & Term

8. Do the orders by which you were 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? \_\_\_\_\_

.....  
**AFFIDAVIT FOR ACTIVE DUTY MILITARY PERSONNEL**

This is to attest that \_\_\_\_\_ is on active duty  
(Name and Service Number)

at \_\_\_\_\_  
(Duty Station)

\_\_\_\_\_  
Supervising Military Authority

\_\_\_\_\_  
Date

.....  
**\*\*\*\*\*BE SURE THE AFFIDVIT ON THIS FORM IS COMPLETED \*\*\*\*\***  
**\*\*\*\*\*BY THE APPROPRIATE MILITARY AUTHORITY\*\*\*\*\***  
**DON'T FORGET TO SIGN PAGE 4**

**PART II. FOR APPLICANTS WHO CLAIM THE TUITION BENEFIT AS  
DEPENDENT RELATIVES OF SERVICE MEMBERS**

1. Applicant's Full Name: \_\_\_\_\_  
Student I.D./ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. What is the street address or building location at which you are currently living?  
\_\_\_\_\_
3. At what institution do you wish the tuition benefit to apply? Carteret Community College
4. Have you been academically admitted to the designated institution? \_\_\_ YES \_\_\_ NO
5. Beginning with what academic term are you seeking the tuition benefit? \_\_\_\_\_
6. For the service member through whom you claim the tuition benefit, provide the following:
  - a. Full Name: \_\_\_\_\_
  - b. Rank: \_\_\_\_\_
  - c. Serial Number: \_\_\_\_\_
  - d. Date of Birth: \_\_\_\_\_
  - e. Branch of Armed Services (**check one**):  
\_\_\_ US Air Force      \_\_\_ US Army      \_\_\_ US Coast Guard  
\_\_\_ US Marine Corps      \_\_\_ NC National Guard      \_\_\_ US Navy  
  
Is this a reserve component of the indicated service? \_\_\_ YES \_\_\_ NO
  - f. What is the permanent duty station of the member of the service through whom you claim the tuition benefit? \_\_\_\_\_
  - g. What is the street address or building location at which the member of the service through whom you claim the tuition benefit is currently living?  
\_\_\_\_\_
7. Do the orders by which the service member was assigned to active military duty in North Carolina establish a date on which that duty will cease? \_\_\_ YES \_\_\_ NO  
If "YES", what is that date? \_\_\_\_\_
8. Is the service member through whom you claim the tuition benefit in receipt of orders for temporary assignment outside North Carolina? \_\_\_ YES \_\_\_ NO If "YES", what are the beginning and ending dates of that assignment? Beginning Date \_\_\_\_\_  
Ending Date \_\_\_\_\_
9. What is your relationship to the service member through whom you claim the tuition benefit? \_\_\_\_\_
10. Are you living in the same abode as the active duty service member? \_\_\_ YES \_\_\_ NO

**DON'T FORGET TO SIGN THE NEXT PAGE  
\*\*\*\*THIS MUST BE SIGNED\*\*\*\***

**\*\*\*\*\*BE SURE THE AFFIDVIT ON THIS FORM IS COMPLETED \*\*\*\*\***  
**\*\*\*\*\*BY THE APPROPRIATE MILITARY AUTHORITY\*\*\*\*\***  
**DON'T FORGET TO SIGN THE NEXT PAGE**  
**\*\*\*\*\*THIS MUST BE SIGNED\*\*\*\*\***

\*\*\* I hereby acknowledge that completion of Item 2 of Part I or II (Student I.D. / 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 this 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

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_  
Date  
(If applicant is under 18 years of age)

**AFFIDAVIT FOR MILITARY DEPENDENTS**  
**(For Tuition Residency Classification)**

**For Military Dependents**

This is to attest that \_\_\_\_\_ is a military  
(Dependent's Name)  
dependent of \_\_\_\_\_ whose active duty  
(Sponsor and Service Number)  
station is \_\_\_\_\_.  
(Duty Station)

\_\_\_\_\_  
Supervising Military Authority  
\_\_\_\_\_  
Date

**MILITARY DEPENDENTS 18 YEARS OR OLDER**

**STATEMENT OF REGISTRATION COMPLIANCE**

- \_\_\_\_\_ I certify that I am not required to be registered with Selective Service because:
- \_\_\_\_\_ I am a female.
  - \_\_\_\_\_ I am in the armed services on active duty.  
(NOTE: Members of the Reserves and National Guard are not considered on active duty.)
  - \_\_\_\_\_ I was born before 1960.
  - \_\_\_\_\_ I am a permanent resident of the Trust Territory or the Northern Mariana.

\_\_\_\_\_ I certify that I am registered with Selective Service.

\_\_\_\_\_  
Dependent's Signature \_\_\_\_\_  
Date