



## **IN-STATE TUITION FOR FAMILY MEMBERS MOVING TO THIS STATE DUE TO EMPLOYMENT**

Community colleges may charge in-state tuition to certain out-of-state students who are members of families that were transferred to this state by businesses, industries, or civilian families transferred by the military for employment. The waiver MUST be in place by the first day of classes for the intended semester and the student shall fulfill the following conditions:

- a. Demonstrate that his or her family moved to this state within the preceding 12 months
- b. Present a letter to the college from the employer on corporate letterhead stating that the employee through which the student claims this benefit, relocated to this state for employment with that business, industry, or military establishment
- c. Present proof of his or her familial relationship with the employee
- d. Live in the same house with the employee
- e. Present evidence that he or she is financially dependent on the employee through which he or she claims this benefit
- f. Comply with the requirements of the Selective Service System, if applicable.

The number of students eligible for in-state tuition under this policy at a college shall not exceed one percent (1%) of the average number of out-of-state curriculum students, rounded up to the next whole number, at the college in the academic year (summer through spring terms) immediately preceding enrollment.

Applicants/students must apply for a tuition waiver to the Admissions Officer and will be considered on a first-come, first-served basis.

1. Applicants must complete the tuition waiver application.
2. Applicants must meet specified eligibility criteria.
3. Applicants must submit necessary documentation at least 48 hours prior to registration.

# Application to Receive In-State Tuition for Family Members Moving to North Carolina Due to Employment

Applicant's Full Name: \_\_\_\_\_

Social Security Number (*voluntary*): \_\_\_\_\_

Place of residence for the previous 12 months:

\_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_

Who last claimed you as a dependent on state and/or federal income tax returns?

A. On \_\_\_\_\_ state return for \_\_\_\_\_ tax year, filed by \_\_\_\_\_

B. On federal return for \_\_\_\_\_ tax year, filed by \_\_\_\_\_

Person under whose employment you claim waiver:

Family Member's Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to you: \_\_\_\_\_

Family Member's Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Previous Place and Address of employment: \_\_\_\_\_

\_\_\_\_\_

|  |   |
|--|---|
| Selective Service Registration Verification: |   |
| a. _____                                     | I certify that I am registered with the Selective Service     |
| b. _____                                     | I certify that I am not registered with the Selective Service |
| _____  | I am a female   |
| _____  | I am in the Armed Services on active duty                     |
| _____  | I have not reached my 18th birthday                           |
| _____  | I was born before 1960  |

I certify by my signature below that the above information is correct and true.

\_\_\_\_\_  
Signature of Applicant/Student

\_\_\_\_\_  
Date