

APPLICATION FOR SPECIAL TUITION RATES FOR INDIVIDUALS RESIDING IN SPECIFIED LOCATIONS IN KENTUCKY, TENNESSEE, AND THE APPALACHIAN REGION Submit this form if you are claiming reduced tuition rates pursuant to section § 23.1-507, Code of Virginia which applies to those domiciled within a 50-mile radius of the University of Virginia's College at Wise in Tennessee and Kentucky and also those domiciled within the Appalachian Region as defined in 40 U.S.C. § 14102. All questions must be answered. Failure to complete this form will result in an out-of-state classification for tuition purposes. Submission of supporting documents specified below is required and additional information may be requested as this Institution deems necessary Section I must be completed and signed by the applicant. Section II must be completed and signed by a parent, legal guardian, or spouse if the applicant is under the age of 24 on the first day of classes and/or if the applicant receives financial support or is claimed as a dependent for tax purposes, regardless of age, even if the applicant does not reside with them. Eligibility for reduced tuition rates are subject to annual review.

SECTION I: APPLICANT'S INFORMATION *(please print.)*

NAME:

First	Middle	Last
<hr/>		
Social Security Number (last 4 digits only)	Date of Birth	E-mail
<hr/>		
Phone: Cell	Home	
<hr/>		

TERM AT THIS INSTITUTION FOR WHICH YOU ARE APPLYING FOR REDUCED TUITION RATES?

FALL (August) SPRING (January) SUMMER I (June) SUMMER II (July) YEAR: _____

CITIZENSHIP STATUS

U.S. CITIZEN PERMANENT RESIDENT *(Please provide copy of both front and back of Form I-551/Green Card.)*
 NON U. S. CITIZEN VISA TYPE _____ Date of Issuance _____ Date of Expiration _____
(Please include copy of Visa)

WHERE HAVE YOU LIVED FOR THE PAST TWO YEARS? (List current address first - physical address, no P.O. Box.)

Current Address	City/State	Zip Code	County
<hr/>			
From (Month/Year)	To (Month/Year)		
<hr/>			
Previous Address	City/State	Zip Code	County
<hr/>			
From (Month/Year)	To (Month/Year)		
<hr/>			

PERMANENT ADDRESS (if different than current address)

Address	City/State	Zip Code	County
<hr/>			
From (Month/Year)	To (Month/Year)		
<hr/>			

EMPLOYMENT: WHERE HAVE YOU WORKED FOR THE PAST YEAR? IF UNEMPLOYED PLEASE INDICATE.

Current or Most Recent Employer	City	State
<hr/>		
From (Month/Year)	To (Month/Year)	Hrs Per Week
<hr/>		
Previous Employer	City	State
<hr/>		
From (Month/Year)	To (Month/Year)	Hrs Per Week
<hr/>		

EDUCATION: LIST ALL HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES ATTENDED WITH THE MOST RECENT FIRST;

School Name	City/State	Dates Attended
<hr/>		
School Name	City/State	Dates Attended
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School Name	City/State	Dates Attended
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School Name	City/State	Dates Attended
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DO YOUR PARENTS/LEGAL GUARDIAN/SPOUSE PROVIDE MORE THAN HALF OF YOUR FINANCIAL SUPPORT? YES NO

DO YOUR PARENTS/LEGAL GUARDIAN/SPOUSE CLAIM YOU AS A DEPENDENT FOR TAX PURPOSES? YES NO

(If yes to either question above, Section II of this form must be completed by a parent, legal guardian, or spouse.)

FOR THE TWELVE MONTHS PRIOR TO THE TERM IN WHICH YOU WILL ENROLL WILL YOU HAVE:

Been a registered voter? YES NO In what county and state _____
Held a valid driver's license or state issued ID? YES NO In what state _____
Owned or operated a motor vehicle? YES NO In what city/county and state is it registered _____
Filed a state tax return or paid income taxes? YES NO To what state(s) _____

ARE YOU A MEMBER OF THE U. S. ARMED FORCES?

YES NO In what county and state _____

A. Are you residing at the address listed above due to permanent orders? YES NO

B. What state is listed on your Leave/Earnings Statement for income tax withholding purposes _____

(Please provide a copy of your most recent LES.)

ALL APPLICANTS ARE REQUIRED TO SUBMIT WITH THIS APPLICATION: Copy of your Driver's License or State Issued Identification Card. **IN ADDITION, IF YOU ARE FINANCIALLY INDEPENDENT AND SECTION II OF THIS FORM IS NOT REQUIRED BASED ON YOUR ANSWERS ABOVE PLEASE SUBMIT WITH THIS APPLICATION:** Copy of your most recent Federal Tax Return.

I certify that the information I have provided above is true.

Signature of Applicant (required) _____ DATE _____

Please review your responses carefully before submitting this form. This information will be used to determine your eligibility for reduced tuition rates. Incomplete or inaccurate information will delay your course registration. By signing, I certify that the information provided is true and correct.

SECTION II

(To be completed by the parent, court-appointed legal guardian, or spouse. Please complete Section II in its entirety; failure to answer all questions may result in the applicant being assessed out-of-state tuition rates.)

PARENT/LEGAL GUARDIAN/SPOUSE INFORMATION (PLEASE PRINT.)

First _____ Middle _____ Last _____

Email _____ Phone _____

Relationship to Applicant Father Mother Step Parent Spouse Legal guardian (court documentation is required)

CITIZENSHIP STATUS

U.S. CITIZEN PERMANENT RESIDENT (Please provide copy of both front and back of Form I-551/Green Card.)

NON U. S. CITIZEN VISA TYPE _____ Date of Issuance _____ Date of Expiration _____
(Please include copy of Visa)

WHERE HAVE YOU LIVED FOR THE PAST TWO YEARS? (List current address first – physical address, no P.O. Box.)

Current Address _____ City/State _____ Zip Code _____ County _____

From (Month/Year) _____ To (Month/Year) _____

Previous Address _____ City/State _____ Zip Code _____ County _____

From (Month/Year) _____ To (Month/Year) _____

PERMANENT ADDRESS (if different than current address)

Address _____ City/State _____ Zip Code _____ County _____

From (Month/Year) _____ To (Month/Year) _____

EMPLOYMENT: List any employment for the past year. If you are unemployed please indicate.

Current or Most Recent Employer _____ City _____ State _____

From (Month/Year) _____ To (Month/Year) _____ Hrs Per Week _____

Previous Employer _____ City _____ State _____

From (Month/Year) _____ To (Month/Year) _____ Hrs Per Week _____

FOR THE ENTIRE TWELVE MONTHS PRIOR TO THE TERM IN WHICH THE STUDENT PLANS TO ENROLL, WILL YOU HAVE:

Filed a tax return or paid income taxes? YES NO To what state: _____

Been a registered voter? YES NO In what county and state: _____

Held a driver's license or state issued ID? YES NO In what state: _____

Owned or operated a motor vehicle? YES NO What city/county/state is it registered in: _____

WILL YOU HAVE CLAIMED THE APPLICANT AS A DEPENDENT FOR FEDERAL AND/OR STATE INCOME TAX PURPOSES PRIOR TO THE TERM IN WHICH THE STUDENT WILL ENROLL? YES NO

WILL YOU HAVE PROVIDED MORE THAN HALF OF THE APPLICANT'S FINANCIAL SUPPORT FOR AT LEAST ONE YEAR PRIOR TO THE TERM IN WHICH THE APPLICANT WILL ENROLL? YES NO

ARE YOU A MEMBER OF THE U. S. ARMED FORCES? YES NO

A. Are you residing at the address listed above due to permanent orders? YES NO

B. What state is listed on your Leave/Earnings Statement for income tax withholding purposes? _____

(Please provide a copy of your most recent LES)

IN ADDITION TO COMPLETING SECTION II OF THIS APPLICATION, THE FOLLOWING MUST BE ATTACHED:

Copy of your most recent Federal Tax Return.

Copy of your valid Driver's License or State Issued Identification Card

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE.

Signature of Parent, Legal Guardian, or Spouse (required) _____ Date _____

Please review your responses carefully before submitting this form. This information will be used to determine eligibility for reduced tuition rates.

Incomplete or inaccurate information will delay the applicant's course registration. By signing, I certify that the information provided is true and correct.



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