

**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   |
| _____                  | _____         | _____  |
| Social Security Number | Date of Birth | E-mail |
| _____                  | _____         | _____  |
| Phone: Cell            | Home          |        |
| _____                  | _____         |        |

**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 |
| _____             | _____           | _____    | _____  |
| 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: WHERE HAVE YOU WORKED FOR THE PAST YEAR? IF 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 |
| _____                           | _____           | _____        |

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

|             |            |                |
|-------------|------------|----------------|
| School Name | City/State | Dates Attended |
| _____       | _____      | _____          |
| School Name | City/State | Dates Attended |
| _____       | _____      | _____          |
| School Name | City/State | Dates Attended |
| _____       | _____      | _____          |
| School Name | City/State | Dates Attended |
| _____       | _____      | _____          |

**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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