



**VETERANS DEPENDENT TUITION WAIVER**

**REQUESTING TERM:** \_\_\_\_\_

NAME: \_\_\_\_\_ L Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (If Dependent) \_\_\_\_\_

EMAIL \_\_\_\_\_ ALTERNATIVE EMAIL \_\_\_\_\_

RELATIONSHIP TO VETERAN (check which applies):

\_\_\_\_\_ Child \_\_\_\_\_ Stepchild \_\_\_\_\_ Adopted Child

I certify that I am a qualified dependent **under** the age of 23 years

\_\_\_\_\_ I am **not** receiving the John D. Fry Scholarship

Spouse \_\_\_\_\_ Surviving Spouse \_\_\_\_\_

(Remarriage of Spouse or Surviving Spouse disqualifies applicant from this waiver.)

CHECK WHICH APPLIES:

\_\_\_\_\_ Yes Veteran is 100% permanently disabled as a result of active duty

\_\_\_\_\_ I am receiving Chapter 35 VA Dependent's Educational Benefits

I have applied for Financial Aid \_\_\_\_\_ Yes NOTE: Dependent Tuition Waiver will not be considered unless FAFSA has been submitted for the term waiver is being requested.

\_\_\_\_\_ I am receiving Financial Aid \_\_\_\_\_ I am **not** receiving Financial Aid \_\_\_\_\_

VETERAN'S NAME (First-Middle-Last) \_\_\_\_\_

VETERANS' VA FILE NUMBER \_\_\_\_\_ VETERAN'S DOB: \_\_\_\_\_

I certify that all information provided on this form is true and correct to the best of my knowledge. I agree to provide proof of eligibility to verify my dependent status at the time of application.

- I have attached my eligibility for Chapter 35 VA Educational Benefits

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date