We at the University of Vermont are committed to providing support to the Members of the Armed Forces, Veterans and their families. In compliance with the Higher Education Opportunity Act (HEOA), UVM has created rules and definitions for qualifying students to be billed tuition at the in-state rate irrespective of a student’s residency classification as defined by the Residency Policy. In this application, you will find a list of instructions and a link to the rules and definitions to qualify for tuition benefits under the Higher Education Opportunity Act as outlined in the Tuition Billing for Members of the Armed Forces, Veterans and their Families University Operating Procedure. This Application will be used to determine if a student qualifies under these rules and regulations. A separate application can be found on the veteran’s website for those wishing to apply for billing at the in-state rate using Department of Veterans Affairs (V.A.) education benefits under §417 (in-state rate).

**Determination of Eligibility:** All students at, or applicants to, the University of Vermont are classified as either In-State or Out-of-State residents for tuition purposes under The University of Vermont Board of Trustees Residency Regulations. Students who are assigned an In-State classification, under the Regulations, pay a lower rate of tuition than those who are classified as Out-of-State students. The Residency Regulations are applied uniformly to all students throughout the University’s colleges and schools. However, there are certain operating procedures for members of the Armed Forces, Veterans and their family members in which UVM, upon submission of appropriate documentation, will charge qualifying members of the Armed Forces, Veterans and their families the in-state tuition rate. Eligibility for HEOA tuition benefits under these procedures does not change a student’s residency classification. If a student qualifies under HEOA, the student’s residency will remain out-of-state, but the student will be billed at the in-state rate per the rules and definitions outlined in the University Operating Procedure. If a student feels they meet the regulations to be considered an in-state student, the student should complete the full Application for In-State Status for a full residency review.

**Applicant Responsibilities:** You must complete the application in its entirety and attach all relevant supporting documentation. Failure to provide complete and accurate information, or failing to submit supporting documentation, may delay the processing of your application and/or adversely affect an eligibility decision. In addition to the types of supporting documentation mentioned in the Application, please include any additional information you feel will help support your application.

**Instructions:** Read the directions carefully and review all the questions before completing the Application. Incomplete forms or lack of supporting documentation will delay processing.
**Provide Supporting Documentation:** Simply completing the Application for Higher Education Opportunity Act Benefits is not sufficient to successfully demonstrate your eligibility. Please provide as much information and documentation as you can, and sign the Application on page 6. A list of supporting documentation has been provided at the end of this Application. Only non-stapled copies of supporting documentation should be submitted. It is the responsibility of each individual applicant to demonstrate compliance with the University's rules and definitions. Please note that an enrollment break (not including summer terms) will require a new and timely Application. Further, a determination for eligibility under the HEOA is valid only if a student actually enrolls for the semester in question. If a student does not enroll, they must submit a new and timely Application.

**Deadline for Application:** Last day of ADD/DROP each semester. An application may be submitted as early as 75 days in advance of the first day of classes for a semester, unless otherwise requested. Applications are processed on a first-come, first-served basis. Due to the high volume in our office immediately before and during registration, we cannot guarantee that applications received by this deadline will be processed before the tuition payment due date. **If your status has not been resolved before your payment due date, you must contact Student Financial Services regarding payment of your bill.**

*All applications received after the last day of the Add/Drop deadline will be considered for the following semester for which the student is enrolled.*

**Mail or Deliver Your Completed Application:** Once your completed Application is received, the information will be reviewed within the context of the University’s Tuition Billing for Members of the Armed Forces, Veterans and their Families University Operating Procedure. You will receive a decision letter (typically within 2-3 weeks) notifying you if you qualify to be billed at the in-state rate.

*Please note that even though parent(s), guardian(s), or others may assist you in completing this Application, all communication will be with the student applicant directly.*

**Mailing:** University Residency Officer  
85 So. Prospect Street  
Waterman 360  
Burlington, VT 05405  

**Delivery:** Student Service Center  
3rd Floor Waterman Building  
85 So. Prospect Street  
Burlington, VT 05405

If you have any questions regarding this application please feel free to contact the University Residency Officer at (802) 656-8515 or email your questions to regres@uvm.edu, attn.: University Residency Officer or Student Veterans Services at veterans@uvm.edu

**Please make a copy of this Application for your personal records.** All materials you submit become the property of the University of Vermont and will not be returned or forwarded. The information contained in the Application for Higher Education Opportunity Act Benefits, as well as all supporting documentation, is confidential and used only by the Registrar’s Office. Your file will be maintained in accordance with the University’s Record Retention Policy, and will be kept confidential to the extent permitted by law.
Application for Higher Education Opportunity Act Tuition Benefits
Updated June 2017

*Please make a copy of this Application for your records. Please DO NOT include pages 1, 2, and 7 when submitting your completed Application. In addition, please DO NOT staple any supporting documentation together.

Applicant Status

Please indicate which status you believe to be applicable to your situation below, for consideration by the University, in light of the content of your Application.

**Dependent Student:**

I am applying as a dependent student? ☐ YES ☐ NO

**Financially Independent Student:**

I am applying as a financially independent student and certify that I have not been, and will not be, claimed as an exemption for federal income tax purposes by any person except myself or my spouse for the current calendar year and for the calendar year immediately before the year in which this application is made?

☐ YES ☐ NO

**Military Status:**

☐ I am applying as a member of the Armed Forces who is on active duty for a period of more than 30 days, or a spouse or dependent of such a member of the Armed Forces, whose domicile or permanent duty station is in Vermont. (Please complete Section A (pages 3 & 4), see page 7 for documentation to submit, and sign and date application on page 6)

Please indicate applicant’s status: ☐ Service Member ☐ Spouse ☐ Dependent

☐ I am applying as a member of the National Guard or Reserves who is on active duty under Title 10 orders for a period of more than 30 days, excluding a basic training assignment, or a spouse or dependent of such a member of the National Guard or Reserves, who is domiciled in Vermont. (Please complete Section A and Section B, see page 7 for documentation to submit, and sign and date application on page 6)

Please indicate applicant’s status: ☐ Service Member ☐ Spouse ☐ Dependent

Date moved to Vermont: _____/_____/______

SECTION A – Applicant Identification Information
To be completed by ALL Applicants

1) Identification

__________________________________________   ____________________________________________
Student’s Name                                  Social Security Number

__________________________________________
Email Address

__________________________________________
College                                         Major/Minor

__________________________________________
Anticipated Graduation Date

SEMESTER SEEKING ELIGIBILITY STATUS:  ☐ Fall ☐ Spring ☐ Summer  Year: ________

3
Applications are due by the last day of the Add/Drop period for the semester you are seeking eligibility

I am:
☐ A New Student
☐ A Continuing Student
☐ A Returning Student
☐ An Applicant
☐ Registered for a course

In:
☐ An Undergraduate College or School
☐ The Graduate College
☐ The College of Medicine
☐ Continuing and Distance Education (Non-Degree)
☐ Continuing and Distance Education (Certificate Student)

If you are a continuing or former student, when did you first enroll at The University of Vermont?

☐ Fall ☐ Spring ☐ Summer Year: ________ Were there any breaks in your enrollment? ☐ YES ☐ NO

Have you previously applied for admission to The University of Vermont?

☐ YES ☐ NO When? __________________________

Have you previously submitted an Application for Higher Education Opportunity Act Benefits? ☐ YES ☐ NO When?

Address for Reply (Street, City, State & ZIP Code) Permanent Address (Street, City, State & ZIP Code)
________________________________________________________________________________________
________________________________________________________________________________________

Permanent Duty Station-(you or service member’s if dependent)
________________________________________________________________________________________
________________________________________________________________________________________

________________________________________________________________________________________

Dates(s) assigned: __________________________

Parent/ Legal Guardian #1 Address (if dependent) Parent/ Legal Guardian #2 Address (if dependent)
(Name, Street, City, State & ZIP Code) (Name, Street, City, State & ZIP Code)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Local Phone Number __________________________ Cell Phone Number ____________________________

Age ________ Birthdate __________________________ Place of Birth ______________________________

Are you a Citizen of the United States? ☐ YES ☐ NO

If you are not a U.S. Citizen, what is your VISA type? ________ VISA # __________________________ Date of issue ______________

Do you hold permanent or temporary resident immigration status? ☐ YES ☐ NO (Please attach documents)
SECTION B –
To be completed by the Student

1) Employment – Student [Parent(s) employment if submitting as a dependent]

List chronologically your employment and physical residence for the last three years. If you were not employed, list your physical residence and how you financially supported yourself during those times. Attach additional page if necessary.

<table>
<thead>
<tr>
<th>Dates of Employment (Student)</th>
<th>Occupation</th>
<th>Physical Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>mm/dd/yy</td>
<td>Employer</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>Job Title, Job Description</td>
</tr>
</tbody>
</table>

From: 
To: 

From: 
To: 

From: 
To: 

2) Absences from the State of Vermont - Student [Both Student and Parent(s) if submitting as a dependent]

Over the past three years have you been absent from the state for a period of more than 30 days? □ YES □ NO
If yes, list the dates and reason(s) for such absences. (Include vacations, education, employment, military absence, etc.)

<table>
<thead>
<tr>
<th>Dates of Absence</th>
<th>Location</th>
<th>Purpose of Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yy</td>
<td>mm/dd/yy</td>
<td>City, State</td>
</tr>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>
**Documentation (please see page 7)**

Please provide the relevant documents to show that you or the member of the Armed Forces has been called to Vermont on military orders (e.g. orders, taxes (dependents only), etc.). See page 7 for details. For National Guard and Reserve members who are domiciled in Vermont and on active duty under Title 10 orders please see page 7 for a list of documents to submit.

**Statement:** I certify that all information provided and all statements made in all sections of this application are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the in-state tuition rate, UVM may revoke its determination of eligibility and that I will owe out-of-state tuition to the University for each semester or session that I have attended under these circumstances.

I acknowledge that The University of Vermont will verify the information provided within this Application and that any willfully false statements, or information omitted and/or altered, within this Application are considered a serious offence of fraud against the University, punishable in accordance with the Code of Student Rights and Responsibilities, the laws of the State of Vermont, or both.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Applicant</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Parent(s) or Legal Guardian Completing this form (if appropriate)</th>
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</table>

If you have any questions regarding this application please feel free to call the University Residency Officer at (802) 656 -8515 or email your questions to regres@uvm.edu or Student Veterans Services at veterans@uvm.edu

**OFFICIAL USE ONLY:** to be completed by the University Residency Officer at the University of Vermont.

Date Received: _________ Date Reviewed: _________ Date Entered into Database: _________

SGASADD: _____ Notes/App: _____ SPACMNT _________

Access: _____ Spreadsheet: _____ Scan: _____ Process Complete: _____

**Supporting Documentation**

6
The documentation listed below may be helpful to the University and/or required when evaluating your Application. You are encouraged to submit clear copies of as many of the documents listed below. The burden of proof as to eligibility rests with the student. The column on the left indicates the type of supporting documentation and the columns on the right indicate who should supply them. *Please do not submit this page with your completed Application.

<table>
<thead>
<tr>
<th>Supporting Documents for VT Domicile (National Guard/Reserves)</th>
<th>Dependent Students Documents Should Come From:</th>
<th>Independent Students Documents Should Come From:</th>
</tr>
</thead>
</table>
| Driver’s License or Vermont Identification Card (for non-drivers)  
- Copy of Driver’s License or Vermont Identification Card | Student AND Parent(s)/Legal Guardian(s) | Student |
| Income Taxes Filed (Only needed for DEPENDENT students to show exemption status).  
- A copy of the first and last page of parent’s Form 1040A U.S. Individual Income Tax Return for the previous fiscal year, signed and dated. | Student AND Parent(s)/Legal Guardian(s) | N/A |
| Proof of Housing (Reflecting 12 consecutive months prior to start of semester)  
- Copy of past & current signed lease agreement (name should be listed on the lease)  
- *If lease expires before the start of the semester please include a copy of the renewal, extension, or new lease  
- If no lease, a notarized letter from the landlord  
- Copy of deed to house or proof of home ownership  
- Most recent copy of Property Tax Bill | Parent(s)/Legal Guardian(s) | Student |
| Miscellaneous  
- Vehicle registration  
- Voter registration | Student AND Parent(s)/Legal Guardian(s) | Student |
| Military Forms  
- DD-214 (Member 4)  
- Title 10 Military Orders  
- DD Form 220 (if applicable)  
- DD Form 2058  
- DD Form 114 or LES  
- Enlistment Certification/documentation  
- Any other relevant documents | Student AND Parent(s)/Legal Guardian(s) | Student |

<table>
<thead>
<tr>
<th>Supporting Documents for Full time active members of the Armed Forces and Their Family Members</th>
<th>Dependent Students Documents Should Come From:</th>
<th>Independent Students Documents Should Come From:</th>
</tr>
</thead>
</table>
| Full time active members of the Armed Forces and Their Family Members  
- Official military orders assigning you, while serving on active duty, to a permanent duty station in Vermont. | Parent(s)/Legal Guardian(s) | Student |
| - A copy of the first and last page of parent’s Form 1040 U.S. Individual Income Tax Return for the previous fiscal year, signed and dated (only needed for DEPENDENT students) | Parent(s)/Legal Guardian(s) | N/A |

If you have any questions regarding this application, please feel free to contact the University Residency Officer at (802) 656 -8515 or email your questions to regres@uvm.edu attn: University Residency Officer or the Student Veterans Office at veterans@uvm.edu