

WESTERN OREGON UNIVERSITY

VETERANS' DEPENDENT TUITION WAIVER

INFORMATION AND APPLICATION

Admission	Student must be fully admitted into a degree program at Western Oregon University.
Criteria	1) To be eligible, students must meet one of two sets of criteria: The student must be a child (includes adopted child or stepchild) of a Purple Heart recipient, alive or deceased, who was relieved or discharged from service in the Armed Forces of the United States with either an honorable discharge or a general discharge under honorable conditions and was awarded the Purple Heart in 2001 or thereafter for wounds received in combat. OR 2) Provides proof of eligibility for the <i>Survivors and Dependents Educational Assistance</i> program administered by the United States Department of Veterans Affairs (Chapter 35, DEA). <u>NOTE:</u> An eligible child must be 31 years of age or younger at the time the child applies for the waiver.
Degree Choice	Master's Degree Programs: An eligible child who is older than 31 years of age is eligible for a waiver for the master's degree program if the child applied for and received a waiver for a baccalaureate degree when the child was 31 years of age or younger.
Residency	The student must meet Oregon residency requirements as stipulated in OAR 580-010-0030 through 580-0100045.
Award Amount	The maximum waiver granted under this remission program shall be: 1) The total number of attempted credit hour equal to four years of full-time attendance for a baccalaureate degree, and 2) the total number of attempted credit hours equal to two years of full-time attendance for a master's degree. - This institutional tuition waiver applies to tuition only; all other fees are the financial responsibility of the student. - The waiver may not exceed the total number of credit hours the qualified student needs to graduate with a baccalaureate or a master's degree. Transferred credit hours accepted for a degree program may or may not count toward the total credit hours needed for degree completion. - The amount of tuition waived may be reduced by the amount of any federal aid scholarships or grants, awards from the Oregon Opportunity Grant program established under ORS 348.205, or any other aid from the eligible post-secondary institution, received by the qualified student. - This benefit does not apply to OSU professional programs, study abroad programs, or to previously completed terms (waiver is not retroactive). - Funding will be reviewed and revised to match final tuition charges each term after all refund periods have ended.
Award Details	- WOU counts all undergrad credits including transfer credits toward the total number of attempted credit hours, equal to four years at full-time (15 credits/term x 12 terms = 180 total credits). - WOU allows graduate students up to 110% of the credits required for their program. - WOU will apply all grant and scholarship aid (i.e., Pell, SEOG, OOG and institutional funds) against tuition, fees and other charges prior to determining the amount of the Veterans' Dependent Waiver that may be applied.
Submission Details	Return this application to the <i>Veteran Certifying Official</i> no later than <u>14 days before the term start date.</u> <i>Veteran Certifying Official</i> Office of the Registrar 345 Monmouth Ave N Monmouth OR 97361 Phone: 503-838-8806 Fax: 503-838-9696 Email: registrar@wou.edu

WESTERN OREGON UNIVERSITY

VETERANS' DEPENDENT TUITION WAIVER APPLICATION

Student Applicant Complete Sections A, B, and C.

A. APPLICANT (STUDENT) INFORMATION:

Applicant's Name (First-Middle-Last): _____

Cell/Mobile Phone: _____ Home Phone: _____ Applicant's Date of Birth: _____

Applicant's WOU ID Number OR Applicant's SSN: _____

Degree Type (Select One): Baccalaureate Degree: ☐ Master's Degree: ☐

Applicant's WOU Email Address: _____ Alternate Email Address: _____

Applicant's Relationship to Veteran:

Spouse: ☐ *Surviving Spouse:* ☐ *Child:* ☐ *Stepchild:* ☐ *Adopted Child:* ☐

☐ I certify that I am a qualified dependent (child 31 years of age or younger, spouse, or un-remarried surviving spouse) of an active duty military service veteran, as defined in Chapter 39, Oregon Laws 2008, who: 1) died while on active duty, or 2) died as a result of a service-connected disability, or 3) is 100% disabled as the result of a military service connected disability as certified by the Department of Veterans' Affairs or any branch of the Armed Forces of the United States.

OR

☐ I certify that I am qualified for the Department of Veterans Affairs Survivors and Dependents Educational Assistance program (Chapter 35, DEA).

B. VETERAN INFORMATION: (To be completed by Applicant)

Veteran's Name (First, Middle, Last): _____ Veteran's DOB: _____

Veteran's SSN: _____ Veteran's Signature: _____

C. APPLICANT CONSENT TO RELEASE INFORMATION:

By signing this form, I certify that all information provided 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. If I am eligible to receive funding for tuition through this institutional fee remission program, I understand I am responsible for paying all applicable fees required for attending classes at Western Oregon University. I also understand that the amount of tuition waived may be reduced by the amount of all federal aid, scholarships, or grant, awards from the Oregon Opportunity Grant program established under ORS 348.205, or any other aid from the eligible post-secondary institution, received by the qualified student. I hereby give permission for my information to be used for Western Oregon University public reporting purposes.

Applicant's Signature: _____ **Date:** _____

IMPORTANT NOTE: This form must be submitted **14 days before** the start of the start of the upcoming academic term.

WESTERN OREGON UNIVERSITY VETERANS' DEPENDENT TUITION WAIVER APPLICATION

THIS PAGE IS TO BE COMPLETED BY THE INSTITUTION'S VETERAN CERTIFYING OFFICIAL ONLY

According to University records, as the Veteran Certifying Official, I confirm and verify the below named veteran's dependent applying for the tuition waiver meets the admission, Oregon residency, age and degree program restrictions as defined in Chapter 39, Oregon Laws 2008.

Applicant's Name: _____

Applicant's School ID Number: _____

Veteran Certifying Official Signature: _____

Approval Date: _____

Additional Notes: _____
