



Tuition Remission for Active & Honorable Discharged Military and Dependents

(Must apply each semester)

Students Name: _____ Date: _____

Address: _____

Social Security Number or Student ID#: _____ Phone: _____

I am a Dependent of: _____

What Branch of Military were you in: _____

Military Documentation you **MUST** supply:

- **Honorable Discharge Veterans: DD214**
- **Active Military or National Guard:** Military documents showing active duty
- **Dependents:** One of the above and current Federal Tax return or one of the above and certification of Chapter 35 documentation
- **Are you a Ch. 33:** If yes, please see VA Rep, Shawna Stinnett

Please mark the semester(s) and credit hours you plan to attend.

Fall hours _____ Spring hours _____ Summer hours _____

Dependents of the active Military member or Veteran may also be eligible for a 50% tuition rate when their status is verified by an income tax form or other proper documentation along with military documentation as stated above.

The Federal Cost of Attendance (COA) method shall be used for all students receiving UAC Waivers, regardless of whether the student is receiving federal financial aid.
If total financial aid funds exceed the COA, UAC will reduce or eliminate institutional funds.

Students receiving UAC waivers must be meeting Federal Financial Aid Satisfactory Academic Progress. Please refer to student handbook and UAC website.

If student is receiving financial aid that is tuition specific, UAC will reduce or cancel UAC waiver.

It is the policy of UA Cossatot not to discriminate on the basis of race, color, national origin, sex, age, religion, disability or other unlawful factors in the admission and treatment of students.

UA Cossatot is in compliance with applicable laws and regulations in student and employment recruitment, admission, programs and activities. The ADA Coordinator can be reached by call 870.584.4471 or 1.800.844.4471, or by contacting AR Relay Voiced Services for the Deaf and Hearing Impaired at 1.800.285.1121

Student Signature _____ Date _____

For Financial Aid Use Only

Amount Awarded _____ Awarded Date: _____ Financial Aid Initial _____