

## Children and Spouse of Totally Disabled or POW/MIA Or Deceased Veterans or National Guard

### Eligibility and Procedures

RCW 28B. 15. 621

#### STEP 1: ELIGIBILITY

- Student is the child or spouse of an eligible veteran or National Guard who became totally disabled as a result of active federal military or naval service, is determined by federal government to be a prisoner of war or missing in action, or has lost his or her life as a result of active federal military or naval service.
- Student is a Washington domiciliary (resident) as defined by RCW 28B.15.013.
- Student meets the school's Academic Progress policy (see College catalog for more information).
- Student has not exceeded my 250 quarter credit limit using the waiver.
- Student age is 17-25. *(for child only)*
- It has not been 10 years since the veteran's date of death, total disability, or POW/MIA. *(for spouse only)*
- Student has not re-married. *(for spouse only)*

For more information on eligibility and conditions, visit the Washington State Legislature website at [www.leg.wa.gov/LawsandAgencyRules/](http://www.leg.wa.gov/LawsandAgencyRules/) and search for RCW.28B.15.621.

#### STEP 2: REQUIRED DOCUMENTATIONS

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate <i>(for child only)</i>           | <u>Veteran Status (must meet one):</u>             |
| <input type="checkbox"/> Marriage Certificate <i>(for spouse only)</i>       | <input type="checkbox"/> Proof of Total Disability |
| <input type="checkbox"/> Student's WA Driver's Lic./ID or proof of residency | <input type="checkbox"/> Proof of Death (DD1300)   |
| <input type="checkbox"/> Veteran's WA Driver's Lic./ID or proof of residency | <input type="checkbox"/> Proof of POW/MIA status   |
| <input type="checkbox"/> Veteran's DD 214 Form <i>(Member 4 copy)</i>        |  |

#### STEP 3: APPLY

##### New Applicant:

- You must be registered for at least one class to apply for the waiver.
- Submit your Tuition Waiver Application (back side) **and** all required documents as listed above to Enrollment Services located in Building 17, Lakewood Campus.

**Important:** Applications with incomplete documentations will not be reviewed.

##### Continuing or Returning Applicant:

- You must be registered for at least one class to apply for the waiver.
- Submit your Tuition Waiver Application (back side) to Enrollment Services located in Building 17, Lakewood Campus. If you have previously submitted all required documents, you do not need to re-submit.

#### STEP 4: REVIEW AND DETERMINATION

Completed application and documentations will be reviewed within 3-5 business days. Eligibility determination will be sent to your CPTC student email address.

**Eligibility for this waiver does not constitute automatic eligibility for VA Chapter 35 benefits.** For more information on Chapter 35 benefits and VA policies regarding the use of education benefits, please contact the Veterans Educational Office at (253) 589-5581.

##### TEXTBOOK STIPEND:

When and how do I get my stipend?

1. Check your Financial Aid Student Portal for a book stipend award ([www.cptc.edu/financial-aid/portal](http://www.cptc.edu/financial-aid/portal)).
2. Your check will be mailed to you via U.S. Postal Services typically within 3-5 business days after the award is posted on your portal.

### TUITION WAIVER APPLICATION

CTCLINK ID NUMBER		LAST NAME		FIRST NAME		MIDDLE	
CURRENT MAILING ADDRESS (STREET or P.O. BOX)				EMAIL ADDRESS			
CITY		STATE	ZIP		TELEPHONE CONTACT NUMBERS CELLPHONE _____ OTHER PHONE _____		
<b>What year &amp; quarter are you applying for?</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		<b>What is your enrollment status?</b> <input type="checkbox"/> New Applicant <input type="checkbox"/> Continuing Applicant <input type="checkbox"/> Returning Applicant		<b>Have you used this waiver at another school?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, provide information below Name of School(s): _____ No. of credits earned: _____			

#### ACKNOWLEDGEMENTS:

##### For Child Applicant Only:

- ✓ I understand once I turn 26 years of age, I will not qualify for this waiver.
- ✓ I understand I have a limit of 250 quarter credits using this waiver.
- ✓ I understand I must submit a waiver application each quarter I wish to apply for the waiver.

##### For Spouse Applicant Only:

- ✓ I understand I have 10 years from the veteran's date of death, total disability, or POW/MIA to receive this waiver.
- ✓ I understand once I re-marry, I will not qualify for this waiver.
- ✓ I understand I have a limit of 250 quarter credits using this waiver.
- ✓ I understand I must submit a waiver application each quarter I wish to apply for the waiver.

By signing this document, you acknowledge that you have read the eligibility and procedures page and application form in its entirety.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Application Received Date		DD214	
Birth or Marriage Certificate		Proof of total disability (if applicable)	
WA state resident - student		Proof of Death (DD1300) (if applicable)	
WA state resident - veteran		Proof of POW/MIA status (if applicable)	
Other		Other	

**Determination:**  Approved (B72)  Denied

**Coding:**  Student Group: B72

**Notification:**  In-Person  Email  Phone

Initials \_\_\_\_\_ Date \_\_\_\_\_

Comments

**GPA** Qtr. \_\_\_\_\_ Cum. \_\_\_\_\_

**Credits** Earned \_\_\_\_\_ Balance \_\_\_\_\_

**Age 17-25**  Yes  No, \_\_\_\_\_

**Less than 10yrs.**  Yes  No, \_\_\_\_\_