

**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 ctcLink Financial Aid for a book stipend award ([www.cptc.edu/mycc](http://www.cptc.edu/mycc)).
2. Your book stipend will be disbursed by check mailed to you via U.S. Postal Services or your bank mobile. Monitor your award status to learn how your stipend was disbursed.

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

## 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	
What year & quarter are you applying for? Year _____			What is your enrollment status?			Have you used this waiver at another school?	
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			<input type="checkbox"/> New Applicant <input type="checkbox"/> Continuing Applicant <input type="checkbox"/> Returning Applicant			<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.
- Waivers FOR PREVIOUS QUARTERS WILL NO LONGER BE PROCESSED**

**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.
- Waivers FOR PREVIOUS QUARTERS WILL NO LONGER BE PROCESSED**

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

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

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries, please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Sarah Addington, Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Non-discrimination statement is available in other languages at www.cptc.edu/non-discrimination.

**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     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, \_\_\_\_\_