



State Council of Higher Education for Virginia

Virginia Tuition Assistance Grant Application

Initial Application Deadline: **July 31, 2012**

Print and submit the completed VTAG application to your institution's financial aid office.

SECTION A: Student Information

Please type or print in ink. Be sure to read all directions carefully. *THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED UNLESS ALL PAGES ARE COMPLETED, AND THE APPLICATION IS SIGNED AND DATED.*

1. Name: _____
Last First Middle Initial

2. Social Security Number: _____ - _____ - _____ 3. Date of Birth: ____ / ____ / ____

4. Sex: M F 5 A. Phone: (____) _____ - _____ B. Email: _____

6. Permanent address: _____
[NO P.O. BOX] Street City State ZIP code

7. Where have you lived in the last two years? List current address first. **Dates must be included.**

From (MM/DD/YY)	To (MM/DD/YY)	Street	City	State	ZIP code
a. ____ / ____ / ____	to today	_____	_____	_____	_____
b. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____
c. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____

8. Are you a United States Citizen or Permanent Resident? Yes No

If "No," attach a copy of your INS documentation to this application, indicating your classification and expiration date.

9. If you are male, have you complied with the U.S. Selective Service registration requirement? Yes No
Female

10. Have you received a VTAG award before? Yes No

If "Yes," in what year(s) did you receive the award? _____

At which institution(s)? _____

11. By August 2011, will you have earned a baccalaureate degree (i.e., B.A., B.S., etc)? Yes No

12. By August 2012, will you have earned a post-baccalaureate degree (i.e., M.A., etc)? Yes No

13 A. What will be your level of study during the 201-1 academic year? (Check only one)

Undergraduate Graduate (health professions) Medicine (not pre-med) and Pharmacy

B. Will this be your first term at this level? Yes No

14. Did your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent during the past year? Yes No

15 A. Do you wish to claim eligibility for VTAG based on your spouse's domicile? Yes No Not Married

B. If "Yes," does your spouse provide over 50% of your financial support? Yes No

16. Do any of the following characteristics apply to you? (Place a check mark beside all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Age 24 or older as of the first day of the term in which you plan to enroll | <input type="checkbox"/> Have legal dependents other than spouse |
| <input type="checkbox"/> Veteran or active-duty member of the U.S. Armed Forces | <input type="checkbox"/> Post-baccalaureate student |
| <input type="checkbox"/> Ward of the court or was a ward of the court until age 18 | <input type="checkbox"/> Both parents are deceased, no adoptive or legal guardians |

SECTION C: Parent/Legal Guardian/Spouse Information

25. Name of parent/legal guardian/spouse: _____
(Based on your answer to Question 17) Last First Middle Initial
26. Parent /legal guardian or spouse's telephone numbers Work: (____) _____ - _____ Home: (____) _____ - _____
27. Is your parent/legal guardian/spouse a U.S. Citizen or Permanent Resident? Yes No
If "No," attach a copy of his or her INS documentation, including the classification and expiration date, to this application.
28. Where has your parent/legal guardian/spouse lived in the last two years? List current address first. **Dates must be included.**
- | From (MM/DD/YY) | To (MM/DD/YY) | Street | City | State | ZIP code |
|-----------------------|-----------------------|--------|-------|-------|----------|
| a. ____ / ____ / ____ | to today | _____ | _____ | _____ | _____ |
| b. ____ / ____ / ____ | to ____ / ____ / ____ | _____ | _____ | _____ | _____ |
| c. ____ / ____ / ____ | to ____ / ____ / ____ | _____ | _____ | _____ | _____ |

SECTION D: Additional Information

- 29 A. Have you always resided in Virginia? Yes No
B. If "No," when did you most recently move to Virginia? ____ / ____ / ____^{MM/DD/YY}
30. When did you begin or when will you begin attending college at a Virginia institution?
(If you attended a Virginia college as an undergraduate and a graduate, please answer both)
- | | ^{MM/DD/YY} | Which college? |
|---------------|---------------------|----------------|
| Undergraduate | ____ / ____ / ____ | _____ |
| Graduate | ____ / ____ / ____ | _____ |
31. A. If you answered "No" to Question 29, did you move to Virginia in order for you or a member of your family to attend college? Yes No
B. If "No," indicate reason for move: _____
32. Indication your enrollment plans: (Check one.)
 Enroll for both semesters (fall and spring) Enroll for only one semester (check one):
____ Fall ____ Spring

NOTE: Notify your financial aid officer if you are a dependent of an active-duty military member who is not claiming Virginia domicile and they will determine if you are eligible for VTAG under the military dependent provision.

SECTION E: Certification and Signature(s)

33. I certify that the information I have provided is true. I agree to furnish the college or university and SCHEV with supporting documentation related to this application, if requested to do so. I authorize the college to act as my fiscal agent for receipt of state funds; to act as SCHEV's agent for the administration of this program, and to release requested financial aid and admission information to SCHEV and other VTAG participating institutions expressly for purposes of administration of this program. I agree to notify the college or university (immediately) of any name or permanent address changes. I agree to allow SCHEV to have access to my Department of Motor Vehicle and Department of Taxation records.

Signature of Applicant

____ / ____ / ____
Date

Signature of Parent/Legal Guardian/Spouse Referenced in Section C Above
(If required to furnish parental or spousal information)

____ / ____ / ____
Date

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