2012-13 TUITION ASSISTANCE GRANT PROGRAM APPLICATION

— IMPORTANT INFORMATION FOR STUDENTS AND PARENTS —

This document contains important information for all students participating in the Virginia Tuition Assistance Grant (VTAG) program administered by the institutions and the State Council of Higher Education for Virginia (SCHEV). It also provides details on the eligibility requirements, application deadlines, and criteria for award distributions. Please read this document carefully.

BACKGROUND INFORMATION

VTAG is a non need-based grant for Virginia residents attending a participating Virginia private college or university. Funds for this grant have been appropriated by the state legislature since 1973. While the maximum award is authorized each biennium, the amount is not guaranteed and can vary annually. The exact amount of each academic year's award is determined by the available funding and the total number of eligible applicants. If funding is insufficient to fully award all students, it is possible that the spring award will be adjusted and some students will receive no award. The college financial aid office will have the most current information about the expected maximum award. See below for the categories and prioritization of awards.

ELIGIBILITY REQUIREMENTS

Students must meet all the eligibility requirements set forth by the General Assembly, Section 23-7.4 and Section 23-38.11-17 of the Code of Virginia and in the VTAG regulations, 8 VAC 40-120. All requirements are not specified in this application. The basic eligibility requirements are:

- Domiciled resident of Virginia for at least one year prior to receiving VTAG or dependent of certain military personnel. [A student who is in Virginia primarily to attend college is not considered to be a domiciled resident.]
- Enrolled as a full-time student at an eligible institution in an eligible degree program.

[For specifics on "full-time" or "eligible degree program," please contact your institution's financial aid office.]

• A completed VTAG application submitted to your institution's financial aid office.

APPLICATION DEADLINES AND AWARD DISTRIBUTION CRITERIA

Conditions for reduction of the award amount and eligibility are described in program regulations. If funds are not sufficient to make full VTAG awards to all eligible students, a priority system is used to determine the size of the awards. Students in the first categories must receive full funding before subsequent categories can be considered; however, categories 1 and 2 are combined and will receive the same award amount.

Priority System:

- Category 1: Returning students who received a VTAG award in the previous fiscal year. This category includes transfer students who received a VTAG award in the previous fiscal year at another institution.
- Category 2: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program by July 31, 2012. This category also includes returning and transfer students determined to be eligible in the previous fiscal year, but not awarded.
- Category 3: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program between and including August 1 and September 14, 2012.
- Category 4: All students eligible for spring term awards only (except those who received the award in the previous fiscal year), and who apply by **December 1, 2012**.

After the March verification of actual spring term enrollments, SCHEV will determine the final award amounts for category 1 and 2 applicants. If necessary, the spring amount will be adjusted. Awards, if any, for category 3 and 4 applicants cannot be determined until mid-spring.

ADDITIONAL INFORMATION

Total support cannot exceed two years for an associate program, no more than four years for undergraduate programs, and no more than three years for all post-undergraduate programs except for medicine and pharmacy, which allow a maximum of four years. Recipients of the awards have the responsibility to notify, in writing, the institutions they attend of any name or permanent address changes.

The institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisions or reviewing appeals; any information requested for these items is for statistical purposes only.

Public Law 93-579, referred to as the Federal Privacy Act, requires that any federal, state, or local agency that requests an individual to disclose his Social Security number inform the individual by which statutory or other authority the number is solicited, whether that disclosure is mandatory or voluntary, and what uses could be made of it. SCHEV, as required by published regulations, requests each applicant for its student aid programs to submit a Social Security number on a voluntary basis. The Council uses a student's Social Security number for unique identification purposes in the application and reporting processes.

*** If you have further questions regarding VTAG, please contact your institution's financial aid office. ***

COLLEGES AND UNIVERSITIES APPROVED FOR PARTICIPATION

Appalachian School of Law **Averett University** Bluefield College **Bridgewater College Christendom College** Eastern Mennonite University Edward Via Virginia College of Osteopathic Medicine

Emory & Henry College Ferrum College George Washington University (VA campus only) Hampden-Sydney College Hampton University **Hollins University**

Institute for the Psychological Sciences Randolph-Macon College Jefferson College of Health Sciences Liberty University Lynchburg College Mary Baldwin College Marymount University Randolph College

Regent University Roanoke College Saint Paul's College Shenandoah University Southern Virginia University **Sweet Briar College**

University of Richmond Virginia Intermont College Virginia Union University Virginia Tech Carilion School of Medicine Virginia Wesleyan College Washington & Lee University

Graduate Students: As of July 1, 2009, only students enrolled in graduate programs in the health professions -- as certified by a 51 series CIP code -- are eligible to receive VTAG.



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			٨	Aiddle Initial
2. Social Security Number:		3.	Date of Birth: _	/	/
4. Sex: □M □F 5 A. Phone: ()	B. En	nail:			
6. Permanent address:	City		State		ZIP code
7. Where have you lived in the last two years?	List current address first Dates n	nust he inc	luded.		
•	Street	City		State	z ZIP code
a/ to today					
b/ to/					
c// to/					
8 . Are you a United States Citizen or Permane				Yes	□ No
If "No," attach a copy of your INS documentation to					-
9. If you are male, have you complied with th	e U.S. Selective Service registratio	n requireme	ent?	Yes	□ No
				Female	
10. Have you received a VTAG award before?				Yes	□ No
If "Yes," in what year(s) did you receive the a	ward?				
At which institution(s)?					
11. By August 2012, will you have earned a ba	accalaureate degree (i.e., B.A., B.S.,	etc)?		Yes	□ No
12. By August 2012, will you have earned a pe	ost-baccalaureate degree (i.e., M. <i>l</i>	., etc)?		Yes	□ No
13 A. What will be your level of study during	the 2012-13 academic year? (Che	ck only one	e)		
☐ Undergraduate ☐ Graduate	e (health professions)	dicine (not	pre-med) and Pl	harmacy	
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 sup	port or clai	m you as		
a tax dependent during the past year?	, ,		•	Yes	□ No
15 A. Do you wish to claim eligibility for VTA	G based on your spouse's domicile	<u> </u>		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 ap	,	eside all tha			
☐ Age 24 or older as of the first day of the to ☐ Veteran or active-duty member of the U.S ☐ Ward of the court or was a ward of the co	erm in which you plan to enroll 5. Armed Forces		Have legal depe	eate studen	

SECTION B: Domicile Information

If you <u>did not</u> check any of the characteristics in Question 16, or if you answered "Yes" to Question 15 B, complete both the unboxed and boxed areas in Sections B, C, and E. In response to Question 17, indicate whether you are providing your parent, legal guardian, or spouse's information in the boxed sections.

If you <u>did</u> check any of the characteristics in Question 16, complete only the unboxed areas of this application.

IMPORTANT: If you complete the portion of this application that is boxed with parental information, answer the questions based on the parent from whom you received the most financial support. You may also choose to provide information about a legal guardian or spouse. That person also must sign and date this application.

17. You are completing the boxed areas for your: (Check only one) Father	☐ Mother	☐ Legal Guardian	☐ Spouse	

For questions 18 - 22, you must answer question "B" if your response to question "A" is "No."

			al Guardian/ ouse
В	 Have you been employed in Virginia in the past year? If "No," were you employed in: If you answered "Not Employed" under "Student," what are your source(s) of financial support? 	☐ Yes ☐ No ☐ Yes ☐ Another State ☐ Another ☐ Not Employed ☐ Not Employed	
	 Will (or did) you file a 2011 Virginia full- or part-year resident income tax form? If "No," were taxes paid to: 	☐ Yes ☐ No ☐ Yes ☐ Another State ☐ Another Did Not File ☐ Did Not F	
	Are you a registered voter in Virginia?If "No," are you registered to vote in:	☐ Yes ☐ No ☐ Yes ☐ Another State ☐ Another ☐ Not Registered ☐ Not Registered	
	Do you hold a valid Virginia driver's license?If "No," do you hold a license in:	☐ Yes ☐ No ☐ Yes ☐ Another State ☐ Another ☐ Not Licensed ☐ Not Licer	
	Do you operate a motor vehicle registered in Virginia?If "No," is it registered in:	☐ Yes ☐ No ☐ Yes ☐ Another State ☐ Another State ☐ Do Not Own or ☐ Do Not Operate ☐ Operate	
B	Are you an active-duty member of the U.S. Armed Forces? If "Yes," does your military Leave and Earnings Statement (LES) reflect Virginia withholding? Effective date of change to Virginia:// Attach a copy of your most recent LES.	☐ Yes ☐ No ☐ Yes ☐ No	
B	Is your parent/legal guardian/spouse an active-duty member of the U.S. If "Yes," does his or her military Leave and Earnings Statement (LES) refeffective date of change to Virginia:////		□ No □ No

SECTION C	: Parent/Legal Gu	ardian/Spous	e Inforn	nation		
25. Name of parent/legal guardian/spouse: (Based on your answer to Quesiton 17)	 Last	Fir				Middle Initial
26. Parent /legal guardian or spouse's						
telephone numbers	Work: ()		Home: (_)		
27. Is your parent/legal guardian/spouse a				□ No		
If "No," attach a copy of his or her INS doc	cumentation, including	the classification	and expira	tion date, t	o this app	lication.
28. Where has your parent/legal guardian/s	spouse lived in the last	two years? List c	urrent add	lress first. D	ates mus	st be included.
From (MM/DD/YY) To (MM/DD/YY)	Street		City		State	ZIP code
a / to today						
b/ to/						
c// to/						
			_	_	_	
	SECTION D: Addit	ional Informa				
29 A. Have you always resided in Virginia?		MM/DD/YY	☐ Yes	□ No		
B. If "No," when did you most recently mo	ove to Virginia?	//	_			
(If you attended a Virginia college as an under MM/DD/Y\ Undergraduate//	Y	e, please answer bo Which college?				
Graduate//		Which college?				
31. A. If you answered "No" to Question 29, d you or a member of your family to atte	,	a in order for	□ Yes	□ No		
B. If "No," indicate reason for move:						
32. Indication your enrollment plans: (Check ☐ Enroll for both semesters (fall and				for only or <i>Fall</i>		er (check one):
NOTE: Notify your financial aid officer if yo domicile and they will determine if you are						claiming Virginia
SEC	TION E: Certificat	ion and Signa	ature(s)			
33. I certify that the information I have provided is true. tion, if requested to do so. I authorize the college to and to release requested financial aid and admissior this program. I agree to notify the college or univers Department of Motor Vehicle and Department of Ta	act as my fiscal agent for re n information to SCHEV and sity (immediately) of any nar	ceipt of state funds; to other VTAG participa	o act as SCHE ting institution	EV's agent for tons expressly	the administ for purpose	tration of this program, s of administration of
Signature of Ap	pplicant			/	/ _ Date	
Signature of Parent/Legal Guardian/Spo		tion C Above		/_	/ Date	

Initial Application Deadline: July 31, 2012
Completed Applications Should Be Submitted To Your Institution's Financial Aid Office.