



# Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered.*

## Section A - Student Information

1) Name of applicant \_\_\_\_\_  
Last First Middle

2) Social Security Number (optional) \_\_\_\_\_ 3) Date of birth \_\_\_\_\_

4) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

5) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State Zip code From To

6) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address City State Zip code From To

7) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? Yes No

8) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No    
b.) If Yes, does your spouse provide more than 50% of your financial support? Yes No

9) Do any of the following characteristics apply to you? Place a check beside all that apply.  
 Age 24 or older as of the first day of the term in which you intend to enroll  
 Veteran or active duty member of the U.S. Armed Forces  
 Graduate or first-professional student  
 Ward of the court or was a ward of the court until age 18  
 If both parents are deceased, no adoptive or legal guardian  
 Legal dependents other than a spouse

10) In the last tax year did you file a state return to any state other than Virginia? If yes, please explain: \_\_\_\_\_ Yes No

11) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: \_\_\_\_\_ Yes No

12) Are you a registered voter in Virginia? Yes No    
Date registered \_\_\_\_\_ Original \_\_\_\_\_ Re-registered \_\_\_\_\_

13) Do you hold a valid Virginia driver's license? Yes No    
Date issued \_\_\_\_\_ Original \_\_\_\_\_ Renewal \_\_\_\_\_  
If no, indicate your driver's license status:  
Hold in another state \_\_\_\_\_ Not licensed \_\_\_\_\_

14) Did you own or operate a motor vehicle registered in Virginia during the last year? Yes No    
If no, indicate registration status:  
Registered in another state \_\_\_\_\_  
Did NOT own or operate a motor vehicle \_\_\_\_\_

15) Are you or your spouse an active duty member of the U.S. armed forces? Yes No    
If No, continue to Question 16.  
If yes, who is a member: self \_\_\_\_\_ spouse \_\_\_\_\_  
and answer the following:

a.) Are Virginia income taxes paid on all military income? Yes No    
If yes, as of what date? \_\_\_\_\_  
Where were you stationed on that date? \_\_\_\_\_  
Please submit a copy of the most recent Leave and Earnings Statement.

b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia? Yes No    
If yes, as of what date? \_\_\_\_\_  
Where are you stationed? \_\_\_\_\_  
Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.

16) Answer this question only if you live outside Virginia but work in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll? Yes No    
If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of applicant

Date

over, please

## Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the twelve months immediately preceding the first day of classes, provided more than half of the applicant's financial support.

1) Name of  parent  legal guardian  spouse \_\_\_\_\_

2) Citizenship  U.S.  U.S. permanent resident  Non-U.S. Please specify visa type \_\_\_\_\_ Exp. date \_\_\_\_\_ (Please provide copy of I-94)

3) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

4) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address                      City                      State                      Zip code                      From                      To

5) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address                      City                      State                      Zip code                      From                      To                      Full-time/part-time

- |  |  |   |   |
|--|--|---|---|
| <p>6) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____<br/>_____</p> <p>7) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____</p> <p>8) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____</p> <p>9) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____</p> <p>10) Are you a registered voter in Virginia?<br/>Date registered _____ Original _____ Re-registered _____<br/><i>If no, indicate your registration status:</i><br/>Registered in another state _____ Not registered _____</p> <p>11) Do you hold a valid Virginia driver's license?<br/>Date issued _____ Original _____ Renewal _____<br/><i>If no, indicate your driver's license status:</i><br/>Hold in another state _____ Not licensed _____</p> <p>12) Did you own or operate a motor vehicle registered in Virginia during the last year?<br/><i>If no, indicate your auto registration status:</i><br/>Registered in another state _____<br/>Did NOT own or operate a motor vehicle _____</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>13) Are you or your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> <input type="checkbox"/></p> <p><i>If no, continue to Question 14.</i><br/><i>If yes, who is a member: self _____ spouse _____ and answer the following:</i></p> <p>a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> <input type="checkbox"/><br/><i>If yes, as of what date? _____</i><br/><i>Where were you stationed on that date? _____</i><br/><i>Please submit a copy of the most recent Leave and Earnings Statement.</i></p> <p>b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> <input type="checkbox"/><br/><i>If yes, as of what date? _____</i><br/><i>Where are you stationed? _____</i><br/><i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i></p> <p>14) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:</p> <p>Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <input type="checkbox"/> <input type="checkbox"/></p> <p><i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
|--|--|---|---|

I certify that the information I have provided is true.

Signature of parent/guardian

Date