

University of Mary Washington • Office of Admissions • 1301 College Ave. • Fredericksburg, Virginia 22401

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. *Unanswered questions may result in a delay in determining eligibility.*

## Section A - Student Information

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

2) Last four digits of your Social Security Number \_\_\_\_\_ 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.*):

Name of employer	Street address	City	State	Zip code	From	To
_____	_____	_____	_____	_____	_____	_____

- |   |   |
|---|---|
| <p>7) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">b.) <i>If yes</i>, does your spouse provide over 50% of your financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) Do any of the following characteristics apply to you? Place a check beside all that apply.</p> <p><input type="checkbox"/> Age 24 or older as of the first day of the term in which you intend to enroll</p> <p><input type="checkbox"/> Veteran or active duty member of the U.S. Armed Forces</p> <p><input type="checkbox"/> Graduate or first-professional student</p> <p><input type="checkbox"/> Ward of the court or was a ward of the court until age 18</p> <p><input type="checkbox"/> If both parents are deceased, no adoptive or legal guardian</p> <p><input type="checkbox"/> Legal dependents other than a spouse</p> <p>10) In the last tax year did you file a state return to any state other than Virginia? <i>If yes</i>, please explain: _____<br/>         _____</p> <p>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? <i>If no</i>, please explain: _____<br/>         _____</p> <p>12) Are you a registered voter in Virginia?<br/>         Date registered _____ Original _____ Re-registered _____</p> <p>13) Do you hold a valid Virginia driver's license?<br/>         Date issued _____ Original _____ Renewal _____<br/> <i>If no</i>, indicate your driver's license status:<br/>         Hold in another state _____ Not licensed _____</p> | <p>14) Did you own or operate a motor vehicle registered in Virginia during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If no</i>, indicate registration status:<br/>         Registered in another state _____<br/>         Did NOT own or operate a motor vehicle _____</p> <p>15) Are you or your spouse an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If no</i>, continue to Question 16.<br/> <i>If yes</i>, who is a member? Self _____ Spouse _____<br/>         and answer the following:</p> <p>a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes</i>, as of what date? _____<br/>         Where were you stationed? _____<br/> <i>Please submit a copy of the most recent Leave and Earnings Statement.</i></p> <p>b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes</i>, as of what date? _____<br/>         Where are you stationed? _____<br/> <i>Please submit a copy of the military orders <b>permanently</b> assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member. For veterans: submit a copy of DD214.</i></p> <p>16) Answer this question only if you live <i>outside</i> Virginia but <i>work</i> in Virginia:<br/>         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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes</i>, 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.</p> |
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**I certify under penalty of disciplinary action that the information I have provided is true.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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, has 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.):

Name of employer	Street address	City	State	Zip code	From	To
_____	_____	_____	_____	_____	_____	_____

- |   | Yes                      | No                       |   | Yes                      | No                       |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 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>_____  | <input type="checkbox"/> | <input type="checkbox"/> | 13) Are you or your spouse an active duty member of the U.S. Armed Forces?<br><i>If no, continue to Question 14.</i><br><i>If yes, who is a member? Self _____ Spouse _____</i><br>and answer the following:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> _____<br>_____                        | <input type="checkbox"/> | <input type="checkbox"/> | a.) Are Virginia income taxes paid on all military income?<br><i>If yes, as of what date?</i> _____<br>Where were you stationed on that date? _____<br><i>Please submit a copy of the most recent Leave and Earnings Statement.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br><i>If no, please explain:</i> _____<br>_____                                  | <input type="checkbox"/> | <input type="checkbox"/> | b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia?<br><i>If yes, as of what date?</i> _____<br>Where are you stationed? _____<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. For veterans: Submit a copy of DD214.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> | 14) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:<br><br>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?<br><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> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 _____                           | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 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 _____                                  | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 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 _____           | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

I certify that the information I have provided is true.

Signature of parent/guardian/spouse

Date