



## Tuition Waiver for Dependents of Fallen Service Personnel

### Application

In recognition of the service and sacrifices of military service personnel and their qualifying dependent, the college shall waive tuition as follows:

- Qualifying dependents include the spouse, non-remarried surviving spouse, or dependent child who must be 23 years of age or younger at the time the dependent applies for the waiver, and does not qualify for the Marine Gunnery Sergeant John D. Frye Scholarship.
- Qualifying military service personnel must either have died on active duty or as a result of a service connected disability or died as a result of less than 100% disability as a result of military service.
- Dependent must be a resident of the Lane Community College district at the time of application for the waiver.

The purpose of this waiver is to allow the dependent the opportunity to earn their first associates degree. The tuition waiver is available to students admitted to a certificate or degree program only. This waiver is limited to 135 college credits or the completion of an Associate degree, whichever comes first. This waiver does not cover books, fees or other expenses.

Upon submission of the initial application adequate documentation must be provided. Documentation must include the Veteran's death certificate, documentation of the Veteran's military service (DD-214), proof of the applicant's dependent status (DD Form 93, marriage/birth certificate) and documentation of the Veteran's service connected disability rating as determined by the U.S. Department of Veteran's Affairs, or provide a Certificate of Eligibility for Chapter 35 Dependent Education Assistance Benefits.

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Please complete the section below and submit to the Veteran's Education Benefits department with required documentation **no later than the week prior to each term's beginning date.**

Student L#: \_\_\_\_\_ Term Requested: \_\_\_\_\_ Age At Time of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Preferred Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby attest that based on the eligibility criteria above, I qualify for the Tuition Waiver for Dependents of Fallen Service Personnel and am attaching documentation proving my eligibility. I understand that should this waiver be approved, only my tuition will be waived and I will be responsible for all fees and other expenses (including books) for my courses and the payment of all charges will be due within the published college timeline. I understand that I must maintain Satisfactory Academic Progress each term to maintain eligibility. I also understand this application needs to be submitted every term I want to receive it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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College Use Only:

Date Reviewed: \_\_\_\_\_ Veterans Staff: \_\_\_\_\_ Current Total Credits: \_\_\_\_\_