

LCC RESIDENT TUITION APPLICATION FOR ACTIVE MILITARY, VETERANS AND DEPENDENTS OF THE US ARMED FORCES

This application is being submitted for a waiver of non-resident tuition beginning:

_____ (semester) _____ (year) _____ (Student's full name) _____ (Luna ID)

____ **US Veteran Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a veteran of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) and that I am eligible for Veterans' Education benefits under Federal law. (VETN/RESD)

____ **Veteran/Military Dependent Waiver (VA benefit eligible):** On the basis of New Mexico House Bill 427 (2015), I certify that I am a dependent/spouse of a veteran of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) and that I am eligible for Veterans' Education benefits under Federal law. (VADP/RESD)

____ **Active Duty Military Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a military service member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) who is presently stationed within the exterior boundaries of the State of New Mexico, including Ft. Bliss, or that I am eligible for Veterans' Education benefits or Department of Defense Tuition Assistance benefits under Federal law. (MILH/RESD)

____ **Active Duty Dependent/Spouse Military Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a dependent/spouse of a military service member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) who is presently stationed within the exterior boundaries of the State of New Mexico, including Ft. Bliss, or that I am eligible for Veterans' Education benefits or Department of Defense Tuition Assistance benefits under Federal law. (MILD/RESD)

Student Signature: _____ Date: _____

CERTIFICATION OF THE VETERANS RESOURCE CENTER

The applicant has requested approval for one of the waivers above, and meets the requirements for the specific waiver. This information is true and correct to the best of my knowledge.

Signature: _____ Date: _____
(Luna Certifying Official)

Print Name: _____
(Luna Certifying Official)

Admissions Signature or Stamp: _____ Approved ____ Denied ____ Date _____

Fiscal Office Signature or Stamp: _____ Approved ____ Denied ____ Date _____