

12. Have you lived in Virginia for the last twelve months? Yes No - Where did you live? _____
US state or Foreign country
13. Email address: _____
 (This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address upon successful processing of this application.)
14. Emergency Contact Information: _____

First Name	Last Name	Relationship	Phone Number
------------	-----------	--------------	--------------
15. Student's Employer (if employed): _____
16. Business phone: (_____) _____ - _____ ext.: _____
17. Ethnicity: Are you Hispanic or Latino? Yes No
 What is your race? (Select any that apply):
 White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
18. Gender: Female Male Not indicated
19. U.S. Citizenship Status:
 Native
 Naturalized
 Alien Permanent A#: _____
 Permanent Status: Resident Alien Asylee Refugee
 Country of Citizenship? _____
 Alien Temporary Visa Type: _____ Visa Expiration Date: _____
 Country of Citizenship? _____
 Not indicated or Not living in the U.S Do you plan to apply for an F1 or M1 visa? _____
20. Primary Language: English Other
21. U.S. Military status: No Military Service Spouse Dependent Active duty Active reserves
 Inactive reserves National Guard Retired Veteran/VA Ineligible Veteran
 Branch: _____ Date of Entry _____
mm/dd/yy
(This data to be used for SOC reporting purposes.)
 Pay Grade _____ MOS/Rating _____ Current Military Installation _____

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit classes" for question # 6 above, please sign and date the application.

Educational History:

22. High School Information

High School (graduated or currently enrolled)

High School _____ Address _____
City State Country (if not USA)

Actual or Anticipated Graduation Date _____
mm/yy

Diploma Type: Standard Modified Standard General Achievement Advanced Studies Other
 (Other includes: Special Diploma, Certificate of Completion, or Don't Know)

(If you graduated from VA prior to 2003 or in a state other than VA, select Standard.)

Home School (graduated or currently enrolled)

Address _____ Actual or Anticipated Graduation Date _____
State Country (if not USA) mm/yy

GED

State _____ Award Date _____
mm/yy

No High School diploma or GED

Last Date Attended: _____ Highest grade completed: _____
mm/yy

23. Colleges/Universities information. If you have taken any college classes, please list the most recent first.

Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate, or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Attended (mm/yy - mm/yy)	Degrees Earned

24. Were you suspended or dismissed from the last college attended? Yes No

25. Family Educational Background:

Father's Highest Education:

Do Not Know Less than High School Attended High School Graduated from High School
 Attended College Associate's Degree Received a Bachelor's Degree Received a post-Bachelor's Degree

Mother's Highest Education:

Do Not Know Less than High School Attended High School Graduated from High School
 Attended College Associate's Degree Received a Bachelor's Degree Received a post-Bachelor's Degree

Educational Goals:

To be considered for financial aid, students must be in a plan of study that leads to a degree, diploma, or certificate. (Include specialization/sub-plan, if applicable.)

College Transfer Education

Associate of Arts (AA)

Associate of Science (AS)

Associate of Arts and Sciences (AA&S)

Career/Technical Education

Associate of Applied Arts (AAA)

Associate of Applied Science (AAS)

26. I plan to pursue a degree, certificate, or diploma from my community college.

Plan of study/sub-plan _____ (refer to the college catalog).

I do not plan to pursue a degree at this time. Reason for taking classes **(check only one)**:

Upgrading current job skills

Developing skills for new job

Exploring career options

Pursuing personal interest or general knowledge

Currently pursuing degree at another college (transient/visitor)

Planning to pursue a degree at another college (non-degree/transfer)

27. **High School Applicants:** Dual Enrollment Principal Permission Dual Enrollment/Principal Permission

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
(If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin, or other non-merit factors.

DOMICILE DETERMINATION FORM



Community Colleges

All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, *Code of Virginia*. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- | | |
|--|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces. <input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian. <input type="checkbox"/> I have legal dependents other than my spouse. <input type="checkbox"/> I am financially self-sufficient. <input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18. <input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree. <input type="checkbox"/> I am married. | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
|--|---|

You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____</p> <p style="text-align: center; margin-left: 40px;">First Middle (Full) Last</p> <p>Date of birth: _____</p> <p style="text-align: center; margin-left: 40px;">(mm) (dd) (yy)</p>	<p>1. Provide the name of the person upon whom you are basing your domicile:</p> <p>_____</p> <p style="text-align: center; margin-left: 40px;">First Middle (Full) Last</p>
<p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is your "A number"? _____</p> <p>If "No," what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below.</p> <p>Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is his/her "A number"? _____</p> <p>If "No," what is his/her immigration status? _____</p>
<p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 40px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy mm/dd/yyyy</p>	<p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 40px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy mm/dd/yyyy</p>
<p>4. Are you the dependent of an active duty member in the U.S. Armed Forces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 40px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy mm/dd/yyyy</p>	<p>4. Is the above person married to an active duty member of the U.S. Armed Forces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy</p> <p>Official Duty Station: _____</p> <p style="text-align: center; margin-left: 40px;">State</p> <p>Reporting Date: _____ Duration of Orders: _____</p> <p style="text-align: center; margin-left: 40px;">mm/dd/yyyy mm/dd/yyyy</p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," list address(es) for the last 24 months From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>
<p>8. For the last 12 months, which of the following applies to you: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>	<p>9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list state _____</p>
<p>10. For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant _____ Date _____

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse _____ Date _____