



the evergreen state college

Veterans Affairs Office | Library 1002 | veterans@evergreen.edu | evergreen.edu/veterans | 360.867.6254

100% TUITION WAIVER FOR DEPENDENTS OF A DISABLED/DECEASED/MIA/POW VETERAN

ELIGIBILITY

You are eligible to receive a waiver of all your tuition if your parent or spouse was an eligible veteran or national guard member who **1)** became 100% disabled as designated by the Department of Veterans Affairs; or **2)** who lost his or her life while engaged in active federal military or naval service; or **3)** who is determined by the federal government to be a prisoner of war or missing in action. Please talk to the Office of Veteran Affairs with questions regarding the waiving of fees (RCW28B.15.621).

The waiver applicant must be domiciled in the State of Washington (RCW 28B.15.013). The child or stepchild must be between the **age of 17 and 26** (marital status does not affect eligibility). The surviving spouse or domestic partner has **10 years** from the date of death, total disability, or federal determination of POW or MIA status to receive benefits under this waiver. Upon remarriage or the establishment of a domestic partnership, the surviving spouse or domestic partner is ineligible. If death results from total disability, the surviving spouse or domestic partner has **10 years** from the date of death in which to receive benefits under this waiver.

Procedures: You must provide proof that the veteran or National Guard member's 100% disability or death was service connected or provide proof of MIA, KIA or POW status (by including the Veterans Rating/Decision Letter). As proof of relation to the veteran: if you are currently receiving VA education benefits attach the Department of Veterans Affairs Certificate of Eligibility. If you are not currently receiving VA education benefits submit a copy of your Birth Certificate (child) or your Marriage Certificate (spouse) or your Birth Certificate and Parent's Marriage License (stepchild) or Adoption Paperwork (adopted child) or your Certificate of State Registered Domestic Partnership (domestic partner).

- _____ I am applying as the dependent child. In addition I acknowledge that once I **turn 26** I am no longer eligible for this waiver. **OVA Office Age Verification/birth date** _____
- _____ I am the spouse. I understand that I have **ten years** from the date of death, disability rating or POW/MIA action status of the eligible veteran to receive this benefit and that upon remarriage I am no longer eligible for the waiver.

I understand that total credits earned using the waiver may not exceed 200 credits; and that to stay eligible for this waiver also requires that I remain in good academic standing with the college. I also understand that this is a Tuition Waiver and may not be used to waive any costs associated with overseas travel.

WHEN COMPLETED TAKE THIS FORM TO VETERANS RESOURCE CENTER: Room LIB 1002.

Quarter of Application: Fall _____ Winter _____ Spring _____ Credits _____ UG _____ GR _____

Name _____ Student ID Number _____

Address _____

Phone _____ Email _____

I certify that I meet the qualifying criteria listed above.

I understand that I will be required to re-apply each quarter to receive the waiver.

Signature _____ Date _____