



The Ohio G.I. Promise for Veterans Residency Application

Office of the Registrar
22600 State Route 34, Archbold, Ohio 43506
Phone: (419) 267-1329 Fax: (419) 267-5604
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Veterans of the U.S. Armed Services, their spouses, and dependents, may qualify for immediate classification as Ohio residents for-tuition-purposes, if the veteran either:

- Served one or more years on active military duty and was honorably discharged or received a medical discharge that was related to the military service; or
- Was killed while serving on active military duty or has been declared to be missing in action or a prisoner of war.

Additionally, to qualify for Ohio residency-for-tuition-purposes the veteran must also have established domicile in Ohio as of the first day of classes for the requested academic semester.

If the spouse or a dependent of the veteran seeks Ohio-residency-for-tuition-purposes status, both the veteran and the spouse or dependent seeking Ohio residency status must have established domicile in Ohio as of the first day of classes for the requested academic semester — except that if the veteran was killed while serving on active military duty or has been declared to be missing in action or a prisoner of war, only the spouse or dependent seeking residency status shall be required to have established an Ohio domicile as of the first day of classes for the requested academic semester.

Section 1 Veteran Claimant/Applicant’s Information

Note: the veteran must complete Section I when requesting residency for the veteran, spouse or dependent.

Last Name: _____ First Name: _____

ID: _____ E-mail: _____

Current Address (Number and Street): _____

City _____ State _____ Zip _____

Term & Year Residency Requested: Summer 20____ Fall 20____ Spring 20____

Attach all of the following documents to this form (for ALL veteran, spouse/dependent applications):

- A copy of the “Certificate of Release or Discharge from Active Duty” (i.e., DD Form 214, member 4) issued to you by the U.S. Department of Defense; and
- A copy of a lease or deed, or a Ohio driver’s license or Ohio state ID, establishing that you personally reside in Ohio.

I am the veteran claimant and I have met all requirements for classification as Ohio-resident-for-tuition-purposes under the provisions codified into Ohio Revised Code 3333.31 and Ohio Administrative Code 3333-1-10. I acknowledge that a false statement on this application will subject me and/or my spouse/dependent(s) to a nullification of the Ohio resident classification and the assessment of out-of-state tuition for current and future enrollments and retroactively to the first term of my enrollment under the classification of Ohio-resident-for-tuition-purposes.

Signature _____ Date: _____

Section 2**Veteran's Spouse or Dependent Information (if applicable)**

Note: if residency is requested for the veteran's spouse or dependent, the veteran must complete Section I and also must submit the documents listed in the above section.

Last Name: _____ **First Name:** _____

ID: _____ **E-mail:** _____

Current Address (Number and Street): _____

City _____ **State** _____ **Zip** _____

Term & Year Residency Requested: Summer 20____ Fall 20____ Spring 20____

Attach all of the following documents to this application (for spouse/dependent applications only):

- A copy of a lease or deed, or a Ohio driver's license or Ohio state ID, establishing that you reside in Ohio (your Ohio residence may be separate from that of the veteran claimant);
- If you are the veteran's dependent, a copy of the veteran parent's most recent Federal Income Tax form showing that he or she has claimed you as a dependent.

I am the spouse or dependent of the veteran claimant and I have met all requirements for classification as a Ohio resident for tuition-purposes under the provisions of "The Ohio G.I. Promise" as codified by Ohio administrative Code 3333-1-10.

I acknowledge that a false statement on this application made either by me or the veteran claimant, or the veteran claimant's failure to fulfill the obligations of his/her community service, will subject me to a nullification of the Ohio resident classification and the assessment of out-of-state tuition for current and future enrollments and retroactively to the first term of my enrollment as an Ohio resident for-tuition-purposes.

Signature _____ **Date:** _____

Return this form and all supporting documentation to the Registrar's Office, C106 or mail to:

Registrar's Office
Northwest State Community College
22600 State Route 34
Archbold, OH 43502

- The residency reclassification application and all supporting documentation must be received by the Office of the Registrar by the first day of classes for the term for which you are applying for residency reclassification.
- The Registrar's Office may require additional documentation from the veteran claimant and/or the student-spouse / student-dependent prior to making a determination regarding the Ohio residency for-tuition purposes eligibility.
- The Registrar's Office will not review this application until both the veteran claimant and the student-spouse or dependent (if they are applying for residency) have submitted both pages of this application and all requested documents.
- Northwest State Community College is **required to follow Ohio Board of Regents guidelines** in interpreting and applying "The Ohio G.I. Promise" and Ohio Administrative Code 3333-1-10.