

## WAIVER FOR CHILDREN/SPOUSE OF TOTALLY DISABLED OR POW/MIA OR DECEASED ELIGIBLE VETERANS OR NATIONAL GUARD MEMBERS

This WA State Waiver covers all tuition and program/class fees for eligible Veteran Dependent students. (RCW 28B.15.621)

Provide documentation for each of the seven requirements below. Sign and date your request.

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VETERAN		
1. Eligible Veteran or National Guard Member DD-214		
2. 100% disabled or POW/MIA or deceased Letter from Federal Department of Veteran Affairs		
(or Certificate of Eligibility or Dependents' Educational Assistance		
Program (DEA) or Frye Scholarship)		
3. Veteran is WA Domiciliary (true, fixed, permanent DD-214 or Leave & Earnings Statement (LES) or WA State		
house and place of habitation is in the state of WA, Government issued ID or lease/mortgage		
includes rental and base housing)		
STUDENT		
4. Relationship with Veteran (spouse or domestic Military ID and/or Court Order and/or spouse Marriage License		
partner; child: biological, adopted or step-child) and/or child Birth Certificate		
5. First day of quarter in eligible time frame for this Waiver • Spouse/domestic partner – proof of date of death, disability		
Spouse/domestic partner within 10 years of death, or MIA/POW (DD-214, letter from Veteran Affairs, or Death		
disability or MIA/POW Certificate or other)		
Child between 18 <sup>th</sup> birthdate and day before 26 <sup>th</sup> Child: Government issued ID or birth certificate		
birthdate		
6. Student is WA Domiciliary WA State Government issued ID and/or lease/mortgage		
7. Credits available (limit is 250 credits) Supplemental Form (for transfer-in students only) verifying		
credits used at prior colleges.		
Total Waiver credits used		
I certify the information provided in this request and all supporting documents is true and accurate. I further understand providing false information will result	in	
Waiver disqualification. I also understand that satisfactory academic progress is required to remain eligible for this Waiver.		
Printed Name Student ID Number (SID)		
Signature Date		
5.8. Care Care Care Care Care Care Care Care		
Email (Required – determination will be emailed) Phone (optional)		
Staff Use Waiver Approved YES NO		
Credits Remaining Waiver Expires		
Signature Date		