

NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY (NCSEAA)

Read information on back
before completing this form.

APPLICATION FOR THE NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)*

Submit completed form to
authorized educational official.

TYPE OR PRINT NEATLY IN INK.

2008-2009 ACADEMIC YEAR

DO NOT SEND TO NCSEAA.

*X CORRECT BOXES

*The institution may elect to use this form to determine residency for the State Contractual Scholarship Fund program

1. Name			
Last Name	First Name	Middle Name	
2. Permanent Residential Address (P O Box # Cannot Be Used)			
Use Street Address or Route Number		City or Town	State Zip Code County
3. Home Telephone Number w/Area Code	4. Social Security Number	5. Birth Date (mm/dd/yy)	
_____	____-____-____	____/____/____	
6. Name and Address of High School (HS) from which you graduated			7. Year Graduated From HS
High School _____ City _____ State _____			_____
8. (a) Are you a citizen of the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) If No, do you possess an Alien Registration Receipt Card (Form I-551)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(c) If No, what type of Visa do you hold? _____			
9. Parents or Legal Guardian Current Permanent Address (Street or R.F.D., City, State)			

If guardian, date of appointment _____			
10. Length of Time Parents or Legal Guardian at Current Permanent Address _____ Yrs. _____ Mos.			
11. Are you, your spouse or one of your parents a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse			
If Yes, is the individual on: <input type="checkbox"/> Active Duty <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Retired			
12. (a) As of the first day of class of this School Term, how long you have been a legal NC resident? _____ Yrs. _____ Mos.			
(b) Date you became a legal NC Resident (mm/dd/yy) _____.			
If you have been a resident in NC for less than 2 years, you are required to complete item 12 (c) giving accurate and appropriate information. You may submit a separate letter explaining any special circumstances to your institution. After reviewing this form, your institution may require more information to determine your residency.			
(c) Where (<u>which state</u>) and when (<u>year</u>) did you complete the following activities during the past three years?			
	<u>FILED STATE TAX</u>	<u>PAID VEHICLE/</u>	<u>REGISTER TO</u>
	<u>AS RESIDENT</u>	<u>PROPERTY TAX</u>	<u>VOTE/VOTED</u>
	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>St/Yr</u>
			<u>DRIVER'S LICENSE</u>
			<u>ST/Yr</u>
1. YOU:	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
2. PARENT:	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
3. GUARDIAN:	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
4. SPOUSE:	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
13. As of the first day of class of this School Term, I will be enrolled and classified as a: (X one)			
<input type="checkbox"/> Full-Time undergraduate degree seeking student enrolled for at least 12 hours of credit or the equivalent			
<input type="checkbox"/> Part-Time undergraduate degree seeking student enrolled for less than 12 hours of credit or the equivalent			
<input type="checkbox"/> Full or Part-Time student seeking a first-time teacher or nursing license			
14. Do you have a previous undergraduate degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate			
If yes, from what institution? _____.			

Continue on reverse side

Any questions concerning this form should be directed to the office that provided this form at your institution.

Name		
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Last Name	First Name	Middle Name
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15. Selective Service Registration ("X" all applicable blocks)

(a) I certify that I am registered with the Selective Service.

(b) I certify that I am not required to be registered with the Selective Service because:

I am a female.
 I have not reached my 18th birthday.
 I am 26 years old or older.

I am in the military on active duty. (Note: Members of the Reserves and National Guard are not considered to be on active duty.)

STUDENT CERTIFICATION

I hereby swear (or affirm) that the information I have given on this application is true, complete and correct and that to the best of my knowledge and belief I am eligible to be considered for a NCLTG and/or State Contractual Scholarship Fund (SCSF) grants as defined under NC statutes and NCLTG and/or SCSF Rules. I authorize the school to provide to NCSEAA the information provided on this application to verify my eligibility to receive an NCLTG and/or SCSF grant for the academic period stated. I understand that my Social Security Number will be used in the record system of NCSEAA only as an identifying number. **I also understand that it is my responsibility to complete an Application for NCLTG for each year that I expect to receive an award before the deadline.**

_____	_____
Student's Signature	Date

STUDENT SHOULD NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SCHOOL CERTIFICATION

I hereby certify that the information contained in this statement is true, complete and correct to the best of my knowledge and belief according to the records of this institution. I also hereby certify that I have properly evaluated this application regarding residency for each school term applied for by the student applicant. Based upon information provided by the student applicant, I attest to the eligibility or continued eligibility of the student applicant in accordance with NC statutes and rules governing the NCLTG and/or SCSF programs as administered by the NCSEAA.

_____	_____
Signature of Authorized Official	Name of School
_____	_____
Title of Authorized Official	Date

ELIGIBILITY

- To qualify for a **NCLTG** award, an undergraduate Eligible Student must:
- (1) be a resident of NC for the purposes of tuition payment under the *Residence Manual* of The University of North Carolina (UNC),
 - (2) be enrolled **full-time or part-time** as an undergraduate student in a eligible program as defined in G.S. 116-22(1),
 - (3) be certified as eligible to the Authority by an approved institution, and
 - (4) have not received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is career preparation for a religious vocation.
- To qualify for a **NCLTG** award, a student seeking a first-time license in teaching or nursing must:
- (1) have received a baccalaureate degree and be a resident of NC for the purposes of tuition payment under the *Residence Manual* of UNC,
 - (2) be enrolled **full-time or part-time** in a program intended to result in licensure as a teacher or a nurse,
 - (3) be certified as eligible to the Authority by an approved institution, and
 - (4) have complied with the registration requirements of the Military Service Act.
- To qualify for a **SCSF** award, an undergraduate Eligible Student must:
- (1) be a resident of NC for the purposes of tuition payment under the terms and conditions of the *Residence Manual* of UNC,
 - (2) be enrolled **at least part-time** as an undergraduate student in a eligible program as defined in G.S. 116-22(1),
 - (3) be certified as eligible to the Authority by an approved institution ,
 - (4) have not received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is career preparation for a religious vocation, and
 - (5) be determined by the institution to have financial need, completed Selective Service registration requirements and not be in default or owe a refund under any program authorized by Title IV of the Higher Education Act of 1965.
- To qualify for a **SCSF** award, a student seeking a first-time license in teaching or nursing must:
- (1) have received a baccalaureate degree and be a resident of NC for the purposes of tuition payment under the *Residence Manual* of UNC,
 - (2) be enrolled **full-time or part-time** student in a program intended to result in licensure as a teacher or a nurse,
 - (3) be certified as eligible to the Authority by an approved institution, and
 - (5) be determined by the institution to have financial need, completed Selective Service registration requirements and not be in default or owe a refund under any program authorized by Title IV of the Higher Education Act of 1965.

Any questions concerning this form should be directed to the office that provided this form at your institution. COMPLETED FORM TO BE RETURNED TO AND RETAINED BY YOUR EDUCATIONAL INSTITUTION. DO NOT SEND FORM TO NCSEAA.