

**APPLICATION FOR VIRGINIA IN-STATE TUITION  
MOUNTAIN EMPIRE COMMUNITY COLLEGE  
Enrollment Services • 3441 Mountain Empire Rd • Big Stone Gap, VA 24219**

OFFICE USE ONLY	
User ID	_____
IS	OS _____
Staff Initials	_____
Date	_____

A parent/legal guardian using the parent/legal guardian's information must complete this form. This information will assist our office in determining if your son/daughter is eligible for the in-state tuition rate. You will be assessed out-of-state tuition rates until you return this form completed by the parent/legal guardian.

Name of Student \_\_\_\_\_ Social Security Number/Student ID \_\_\_\_\_

1. Name of parent/legal guardian completing this form: \_\_\_\_\_  
Relationship to Applicant: (circle one)      Mother      Father      Legal Guardian

2. Are you a U. S. Citizen?     Yes     No (If yes, go to question #4)  
If no, what is your Country of Citizenship? \_\_\_\_\_ Native Language? \_\_\_\_\_  
**Check your current immigration status with the U. S.:**  
Permanent Status:     Resident Alien     Asylee     Refugee     A# (number), if any: \_\_\_\_\_  
Temporary Status:     Specify Visa Type \_\_\_\_\_    Expiration Date: \_\_\_\_\_

3. Beginning with the current address, please list your **(parent/legal guardian)** address AND the dates you lived there for the last two years:

From (mo/yr)	To (mo/yr)	Street Address	City	State	Zip

4. County of Residence **(parent/legal guardian)**: \_\_\_\_\_

5. Are you **(parent/legal guardian)** on active duty in the U.S. Armed Forces?       Yes     No  
If "Yes", Is Virginia listed on your Leave and Earning Statement?       Yes     No  
Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_

6. Are you **(parent/legal guardian)** retired or discharged from the U.S. Armed Forces?       Yes     No  
If "Yes," date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_

7. Are you **(parent/legal guardian)** a dependent of someone retired or discharged from the Military?       Yes     No  
If "Yes," date of discharge/retirement? \_\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_

8. Have you **(parent/legal guardian)** lived in Virginia for the last twelve months?       Yes     No

9. For the last year, did you **(parent/legal guardian)** (select only one):  
 file Virginia income taxes on all earned income       was a resident in a state without income tax  
 file as a resident in another state       had no taxable income  
 file as a resident in Virginia and as a non-resident in another state

10. For the past twelve months, have you **(parent/legal guardian)** lived **out-of-state**, worked in Virginia,       Yes     No  
and paid Virginia income taxes on at least \$10,712 of earned income?  
If "Yes," in what state did you live? \_\_\_\_\_

11. For the past twelve months, have you **(parent/legal guardian)** held a Virginia Drivers license or Virginia DMV ID?       Yes     No  
If "No," have you held a Drivers license or DMV ID to any other state? \_\_\_\_\_       Yes     No

12. For the past twelve months, have you **(parent/legal guardian)** owned or operated a motor vehicle in Virginia?       Yes     No  
If "No," have you owned or operated a motor vehicle in any other state? \_\_\_\_\_       Yes     No

13. For the past twelve months, have you **(parent/legal guardian)** been registered to vote in Virginia?       Yes     No  
If "No," have you been registered to vote in another state? \_\_\_\_\_       Yes     No

**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 or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 24 years old)