



VETERAN SPOUSE & CHILD TUITION WAIVER

Total credits earned using this waiver may not exceed 250 credits

You **MAY** qualify for a 100% tuition waiver **IF** you meet the following criteria (RCW 28B.15.621(4)). **Documentation is required.**

- SPOUSE of a **totally disabled**, POW/MIA veteran, or member of the National Guard, or deceased veteran must meet **ALL** of the following requirements for the 100% tuition waiver:
 1. I am a Washington State resident as I have resided in the state of Washington for at least the last 12 months (per RCW 28B.15.013).
 2. My spouse is a veteran who is a Washington State resident as they have resided in the state of Washington for at least the last 12 months (per RCW 28B.15.013). **Attach veteran's driver's license.**
 3. My spouse is a veteran who received honorable discharge or any other discharge if the sole reason for discharge was due to gender or sexuality. **Attach form DD-214 (member 4).**
 4. My spouse is a veteran who is/was totally disabled (determined by the VA at 100%), a POW/MIA, or is deceased due to military service. (10 yr. limit). **Attach VA documentation.**
 5. I have not remarried. I understand I will no longer be eligible for this waiver if I remarry.
 6. I understand that there is a 10-year limit from the date of total disability or death to use this waiver.

- CHILD of a **totally disabled**, POW/MIA veteran, member of the National Guard, or deceased veteran must meet **ALL** of the following requirements for the 100% tuition waiver:
 1. I am a Washington State resident as I have resided in the state of Washington for at least the last 12 months (per RCW 28B.15.013).
 2. I confirm I am age 17 to 25 and understand that my eligibility ends the quarter prior to turning 26.
 3. My parent is a veteran who is a Washington State resident as they have resided in the state of Washington for at least the last 12 months (per RCW 28B.15.013). **Attach veteran's driver's license.**
 4. My parent is a veteran who received honorable discharge or any other discharge if the sole reason for discharge was due to gender or sexuality. **Attach form DD-214 (member 4).**
 5. My parent is a veteran who is/was totally disabled (determined by the VA at 100%), a POW/MIA, or is deceased due to military service. **Attach VA documentation.**

Student Name _____ SID# _____
Last First M.I.

Under penalty of law, I certify that all the information reported on this form is complete and correct. Furthermore, I understand it is my responsibility to inform CBC of any changes in my status which may affect my veteran benefits/waiver eligibility. Additionally, it is my responsibility to notify the V.E.T.S. Center each quarter I enroll to maintain my waiver. Use of the tuition waiver may also affect my ability to receive other financial aid. I understand my eligibility to use this waiver is subject to the satisfactory progress policy, and I'll no longer be eligible for the waiver if I'm dismissed.

Note: In order for the new tuition rate to be applied, please submit this form with required documents **prior to the first day** of the quarter.

Student Signature _____ Date _____

Return to: V.E.T.S. Center • 2600 N. 20th Ave., MS-H2 • Pasco, WA 99301
Email: veterans@columbiabasin.edu or Fax: 509.544.2021

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DOB _____ Date of veteran's disability/death _____ Remaining eligibility _____

Approved Denied Signature _____ Date _____