



# VETERAN TUITION WAIVER

You **MAY** qualify for a 25% tuition waiver **IF** you meet the following criteria and provide the correct documentation.

- I certify I am a veteran, and I meet the following requirements for the 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 served and was honorably discharged or received any other discharge if the sole reason for discharge was due to gender or sexuality. **Attach DD-214 (member 4)**
  
- I certify I am an active member or reservist of the National Guard or have been honorably discharged, and I meet the following requirements for the 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). **Attach DD-214 (member 4) or NOBE (DD Form 2384-1)**

Student Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	SID# _____
<p>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 the V.E.T.S. Center of any changes in my status which may affect my veteran benefits/waiver eligibility. 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.</p> <p><b>Note:</b> In order for the new tuition rate to be applied, please submit this form with required documents <i>prior to the first day</i> of the quarter.</p>	
Student Signature _____ Date _____	

Return to: V.E.T.S. Center  
 2600 N. 20th Ave., MS-H2  
 Pasco, WA 99301  
 Fax: 509-544-2021  
 Email: veterans@columbiabasin.edu

**FOR OFFICE USE ONLY - Processed by Student Records**

Approved (70/71)  Denied  Signature \_\_\_\_\_ Date \_\_\_\_\_