This document contains important information for all students participating in the Virginia Tuition Assistance Grant (VTAG) program administered by the institutions and the State Council of Higher Education for Virginia (SCHEV). It also provides details on the eligibility requirements, application deadlines, and criteria for award distributions. Please carefully read this document.

BACKGROUND INFORMATION

VTAG is a non need-based grant for Virginia residents attending a participating Virginia private college or university. Funds for this grant have been appropriated by the state legislature since 1973. While the maximum award is authorized each biennium, the amount is not guaranteed and can vary annually. The exact amount of each academic year’s award is determined by the available funding and the total number of eligible applicants. If funding is insufficient to fully award all students, it is possible that the spring award will be adjusted and some students will receive no award. The college financial aid office will have the most current information about the expected maximum award. See below for the categories and prioritization of awards.

ELIGIBILITY REQUIREMENTS

Students must meet all the eligibility requirements set forth by the General Assembly, Section 23-7.4 of the Code of Virginia, and detailed in the VTAG regulations, 8 VAC 40-120. All requirements are not specified in this application. The basic eligibility requirements are:

- Domiciled resident of Virginia for at least one year prior to receiving VTAG. 
  [A student who is in Virginia primarily to attend college is not considered to be a domiciled resident.]

- Enrolled as a full-time student at an eligible institution in an eligible degree program. 
  [For specifics on “full-time” or “eligible degree program,” please contact your institution’s financial aid office.]

- A completed VTAG application submitted to your institution’s financial aid office.

APPLICATION DEADLINES AND AWARD DISTRIBUTION CRITERIA

If funds are not sufficient to make full VTAG awards to all eligible students, a priority system is used to determine the size of the awards. Students in the first categories must receive full funding before subsequent categories can be considered. Categories 1 and 2 are combined to simplify the administration of the program and will receive the same award amount.

Priority System:

- **Category 1**: Returning students who received a VTAG award in the previous fiscal year. Students receiving the award in the previous fiscal year do not have to reapply for VTAG.

- **Category 2**: New and re-admit students to the institution’s VTAG program who are eligible for fall and spring term awards and who apply for the VTAG program by **July 31, 2003**. This category includes new freshmen, transfers, new graduate or professional students and eligible returning students not receiving a VTAG award in the previous fiscal year.

- **Category 3**: New and re-admit students to the VTAG program who are eligible for fall and spring term awards and who apply between and including **August 1 and September 14, 2003**.

- **Category 4**: All students eligible for spring term awards only (except those who received the award in the previous fiscal year), and who apply by **December 1, 2003**.

After institutions verify actual enrollments for the spring term in March, SCHEV will determine final award amounts for the year. If necessary, the spring amount will be adjusted.

ADDITIONAL INFORMATION

Total support cannot exceed two years for an associate program, four for undergraduate, up to three for graduate, three for law, and four for medicine and pharmacy. Recipients of the awards have the responsibility to notify, in writing, the institutions they attend of any name or permanent address changes.

The institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisions or reviewing appeals; any information requested for these items is for statistical purposes only.

Public Law 93-579, referred to as the Federal Privacy Act, requires that any federal, state, or local agency that requests an individual to disclose his Social Security number inform the individual by which statutory or other authority the number is solicited, whether that disclosure is mandatory or voluntary, and what uses could be made of it. SCHEV, as required by published regulations, requests each applicant for its student aid programs to submit a Social Security number on a voluntary basis. The Council uses a student’s Social Security number for unique identification purposes in the application and reporting processes.

*** If you have further questions regarding VTAG, please contact your institution’s financial aid office. ***
PARTICIPATING COLLEGES AND UNIVERSITIES

Appalachian School of Law  Emory & Henry College  Mary Baldwin College  Shenandoah University
Averett University  Ferrum College  Marymount University  Southern Virginia University
Bluefield College  Hampden-Sydney College  Randolph-Macon College  Sweet Briar College
Bridgewater College  Hampton University  Randolph-Macon Woman’s College  University of Richmond
Christendom College  Hollins University  Regent University  Virginia Intermont College
College of Health Sciences  Liberty University  Roanoke College  Virginia Union University
Eastern Mennonite University  Lynchburg College  Saint Paul’s College  Virginia Wesleyan College
Eastern Virginia Medical School

Please type or print in ink. Be sure to read all directions carefully. THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED UNLESS ALL PAGES ARE COMPLETED, AND IT IS SIGNED AND DATED.

SECTION A: STUDENT INFORMATION

1. Name: __________________________ __________________________ __________
   Last First Middle Initial

2. Social Security Number: ______ ______ - ______ ______ - ______ ______ ______
   3. Date of Birth: ___/___/___

4. Sex: M   F___
   5a. Phone: (_____ ) _______________  5b. Email: ____________________________

6. Permanent address: __________________________ __________________________
   Street City State Zip Code
   (No P.O. Box) ___

7. Where have you lived in the last two years? List current address first. Dates must be included.
   From (MM/DD/YY) To (MM/DD/YY) Street Address City State Zip Code
   A. ___/___/___ to today __________________________ __________________________
   B. ___/___/___ to ___/___/___ __________________________ __________________________
   C. ___/___/___ to ___/___/___ __________________________ __________________________

8. Are you a U.S. Citizen or U.S. National? Yes   No
   If “No,” attach a copy of your INS documentation, indicating your classification and expiration date, to this application.

9. Have you complied with the U.S. Selective Service registration requirement? Yes   No

10. Have you received a VTAG award before? Yes   No
    If “Yes,” in what year(s) did you receive the award? ________   At which institution(s)? __________________________

11. By August 2003, will you have earned a baccalaureate degree (i.e., B.A., B.S., etc)? Yes   No

12. By August 2003, will you have earned a post-baccalaureate degree (i.e., M.A., J.D., M.D., etc)? Yes   No

13. A. What will be your level of study during the 2003-2004 academic year (check only one)?
   Undergraduate: _____   Graduate: _____   Law (not pre-law): _____   Medicine (not pre-medicine): _____

   B. Will this be your first term at this level? Yes   No

14. Did your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent during the past year? Yes   No

15. A. Do you wish to claim eligibility for VTAG based on your spouse’s domicile? Yes   No   Not married

   B. Does your spouse provide over 50% of your financial support? Yes   No

16. Do any of the following characteristics apply to you? (Place a check mark beside all that apply.)
   _____ Age 24 or older as of the first day of the term in which you plan to enroll
   _____ Post-baccalaureate student
   _____ Veteran or active-duty member of the U.S. Armed Forces
   _____ Both parents are deceased, no adoptive or legal guardian
   _____ Ward of the court or was a ward of the court until age 18
   _____ Have legal dependents other than a spouse

If you did not check any of the characteristics, or if you answered yes to Question 15 B, complete both the unshaded and shaded areas in Section B. Provide your parent/legal guardian/spouse’s information in the shaded areas.

If you did check any of the characteristics, go to Section B; complete only the unshaded areas in Section B.
### SECTION B: DOMICILE INFORMATION

**IMPORTANT:** For the shaded portion of this application, answer the questions about the parent from whom you received the most financial support or your spouse (if you wish to claim eligibility through your spouse). Your parent, legal guardian, or spouse also must sign and date this application.

17. You are completing the shaded areas for your (check only one):
   - Father: ___
   - Mother: ___
   - Legal Guardian: ___
   - Spouse: ___

_For questions 18-22, you must answer the “B” question if your response to the “A” question is “No.”_

<table>
<thead>
<tr>
<th>Question</th>
<th>Student</th>
<th>Parent/Legal Guardian or Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. A. Have you been employed in Virginia since August 2002?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. If “No,” were you employed in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Another State ___</td>
<td>Not Employed ___</td>
</tr>
<tr>
<td>Parent/Spouse:</td>
<td>Another State ___</td>
<td>Not Employed ___</td>
</tr>
<tr>
<td>19. A. Will (or did) you file a 2002 Virginia full- or part-year resident income tax form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. If “No,” were taxes paid to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Another State ___</td>
<td>Didn’t File ___</td>
</tr>
<tr>
<td>Parent/Spouse:</td>
<td>Another State ___</td>
<td>Didn’t File ___</td>
</tr>
<tr>
<td>20. A. Are you a registered voter in Virginia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. If “No,” are you registered to vote in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Another State ___</td>
<td>Not Registered ___</td>
</tr>
<tr>
<td>Parent/Spouse:</td>
<td>Another State ___</td>
<td>Not Registered ___</td>
</tr>
<tr>
<td>21. A. Do you hold a valid Virginia driver’s license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. If “No,” do you hold a license in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Another State ___</td>
<td>Not Licensed ___</td>
</tr>
<tr>
<td>Parent/Spouse:</td>
<td>Another State ___</td>
<td>Not Licensed ___</td>
</tr>
<tr>
<td>22. A. Do you operate a motor vehicle registered in Virginia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. If “No,” is it registered in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Another State ___</td>
<td>Don’t Own ___</td>
</tr>
<tr>
<td>Parent/Spouse:</td>
<td>Another State ___</td>
<td>Don’t Own ___</td>
</tr>
<tr>
<td>23. A. Are you an active-duty member of the U.S. Armed Forces?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If “No,” go to question # 24.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Does your military Leave and Earnings Statement reflect Virginia withholding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” effective date of change to Virginia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach a copy of your most recent LES.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. A. Is your parent/legal guardian or spouse an active-duty member of the U.S. Armed Forces?</td>
<td></td>
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<tr>
<td>(If “No,” go to question # 25.)</td>
<td></td>
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<tr>
<td>B. Does his or her military Leave and Earnings Statement reflect Virginia withholding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “Yes,” effective date of change to Virginia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach a copy of his or her most recent LES.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION C: PARENT/LEGAL GUARDIAN OR SPOUSE INFORMATION

25. Name of parent/legal guardian or spouse: ____________________________________________
   (Based on your answer to question 17) Last First Middle Initial

26. Parent/legal guardian or spouse’s telephone numbers: Work (___) _______________ Home (___) _______________

27. Is your parent/legal guardian or spouse a U.S. Citizen or U.S. National? Yes [ ] No [ ]
   If “No,” attach a copy of his or her INS documentation, including the classification and expiration date, to this application.

28. Where has your parent/legal guardian or spouse lived in the last two years? List current address first. Must include dates.
   From (MM/DD/YY) To (MM/DD/YY) Street Address City State Zip Code
   A. ___/___/____ to today ______________________________________________________________
   B. ___/___/____ to ___/___/____ __________________________________________________________
   C. ___/___/____ to ___/___/____ __________________________________________________________

SECTION D: ADDITIONAL INFORMATION

29. Have you always resided in Virginia? Yes [ ] No [ ]
   If “No,” when did you most recently move to Virginia? ___/___/____

30. When did you begin or when will you begin attending college at a Virginia institution?
   (If you attended a Virginia college as an undergraduate and a graduate, please answer both.)
   Undergraduate ___/___/____ Graduate ___/___/____

31. If you answered “No” to question 29, did you move to Virginia in order for you or a member of your family to attend college?
   Yes [ ] No [ ]
   If “No,” indicate reason for move: __________________________________________________________

32. Indicate your enrollment plans (CHECK ONE):
   [ ] Enroll for both semesters  [ ] Enroll for only one semester  [ ] Fall  [ ] Spring

SECTION E: CERTIFICATION AND SIGNATURE(S)

33. I certify that the information I have provided is true. I agree to furnish the college or university and SCHEV with supporting
documentation related to this application, if requested to do so. I authorize the college to act as my fiscal agent for receipt of
state funds, to act as SCHEV’s agent for the administration of this program, and to release requested financial aid and admission
information to SCHEV. I agree to notify the college or university (immediately) of any name or permanent address changes.
I agree to allow SCHEV to have access to my Department of Motor Vehicle and Department of Taxation records.

__________________________________________________________  ___/___/____
Signature of Applicant Date

__________________________________________________________  ___/___/____
Signature of Parent/Legal Guardian or Spouse
(if required to furnish parental or spousal information) Date

Initial Application Deadline: July 31, 2003

(Completed Applications Should Be Submitted To Your Institution's Financial Aid Office)