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 read this document carefully.

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 and Section 23-38.11-17 of the Code of Virginia and 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 or dependent of certain military personnel. [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; however, categories 1 and 2 are combined and will receive the same award amount.

Priority System:

• Category 1: Returning students who received a VTAG award in the previous fiscal year. This category includes transfer students who received a VTAG award in the previous fiscal year at another institution.
• Category 2: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program by July 31, 2008. This category includes eligible new freshmen, graduate or professional students and eligible returning and transfer students not receiving a VTAG award in the previous fiscal year.
• Category 3: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program between and including August 1 and September 14, 2008.
• 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, 2008.

After the March verification of actual spring term enrollments, SCHEV will determine the final award amounts for category 1 and 2 applicants. If necessary, the spring amount will be adjusted. Awards for category 3 and 4 applicants cannot be determined until mid-spring.

ADDITIONAL INFORMATION

Total support cannot exceed two years for an associate program, no more than four years for undergraduate studies, and no more than three years for all post-undergraduate studies except for medicine and pharmacy, which allow a maximum of four years. 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.
**PARTICIPATING COLLEGES AND UNIVERSITIES**

- Appalachian School of Law
- Averett University
- Bluefield College
- Bridgewater College
- Christendom College
- Eastern Mennonite University
- Eastern Virginia Medical School
- Emory & Henry College
- Ferrum College
- George Washington University (VA campus only)
- Hampden-Sydney College
- Hampton University
- Hollins University
- Institute for the Psychological Sciences
- Jefferson College of Health Sciences
- Liberty University
- Lynchburg College
- Mary Baldwin College
- Marymount University
- Randolph College
- Randolph-Macon College
- Regent University
- Roanoke College
- Saint Paul's College
- Shenandoah University
- Southern Virginia University
- Sweet Briar College
- University of Richmond
- Virginia Commonwealth University
- Virginia Wesleyan College
- Washington & Lee University

**SECTION A: Student Information**

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 THE APPLICATION IS SIGNED AND DATED.**

1. **Name:**
   - Last
   - First
   - Middle Initial

2. **Social Security Number:**

3. **Date of Birth:**
   - _____ / _____ / ______

4. **Sex:**
   - ☐ M  ☐ F

   **A. Phone:**
   - (______) _________- ____________

   **B. Email:**

6. **Permanent address:**

   **[ NO P.O. BOX ]**
   - Street
   - City
   - State
   - ZIP code

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 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 to this application, indicating your classification and expiration date.

9. **If you are male, have you complied with the U.S. Selective Service registration requirement?**
   - ☐ Yes  ☐ No  ☐ Female

10. **Have you received a VTAG award before?**
    - ☐ Yes  ☐ No

    If "Yes," in what year(s) did you receive the award?
    - ___________________________________

    **At which institution?**

11. **By August 2008, will you have earned a baccalaureate degree (i.e., B.A., B.S., etc)?**
    - ☐ Yes  ☐ No

12. **By August 2008, will you have earned a post-baccalaureate degree (i.e., M.A., J.D., etc)?**
    - ☐ Yes  ☐ No

13. **A. What will be your level of study during the 2008-09 academic year? (Check only one)**

    - ☐ Undergraduate  ☐ Graduate  ☐ Law (not pre-law)  ☐ Medicine (not pre-med)

    **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
    - ☐ Veteran or active-duty member of the U.S. Armed Forces
    - ☐ Ward of the court or was a ward of the court until age 18
    - ☐ Have legal dependents other than spouse
    - ☐ Post-baccalaureate student
    - ☐ Both parents are deceased, no adoptive or legal guardians

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SECTION B: Domicile Information

If you did not check any of the characteristics in Question 16, or if you answered “Yes” to Question 15 B, complete both the unboxed and boxed areas in Section B and C. In response to Question 17, indicate whether you are providing your parent, legal guardian, or spouse’s information in the boxed sections.

If you did check any of the characteristics in Question 16, complete only the unboxed areas in Section B.

IMPORTANT: If you complete the portion of this application that is boxed with parental information, answer the questions based on the parent from whom you received the most financial support. You may also choose to provide information about a legal guardian or spouse. That person also must sign and date this application.

17. You are completing the boxed areas for your:  (Check only one)  □ Father  □ Mother  □ Legal Guardian  □ Spouse

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Student</th>
<th>Parent/Legal Guardian/Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 A. Have you been employed in Virginia in the past year?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “No,” were you employed in:</td>
<td>□ Another State □ Not Employed</td>
<td>□ Another State □ Not Employed</td>
</tr>
<tr>
<td>19 A. Will (or did) you file a 2007 Virginia full- or part-year resident income tax form?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “No,” were taxes paid to:</td>
<td>□ Another State □ Did Not File</td>
<td>□ Another State □ Did Not File</td>
</tr>
<tr>
<td>20 A. Are you a registered voter in Virginia?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “No,” are you registered to vote in:</td>
<td>□ Another State □ Not Registered</td>
<td>□ Another State □ Not Registered</td>
</tr>
<tr>
<td>21 A. Do you hold a valid Virginia driver’s license?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “No,” do you hold a license in:</td>
<td>□ Another State □ Not Licensed</td>
<td>□ Another State □ Not Licensed</td>
</tr>
<tr>
<td>22 A. Do you operate a motor vehicle registered in Virginia?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “No,” do it registered in:</td>
<td>□ Another State □ Do Not Own</td>
<td>□ Another State □ Do Not Own</td>
</tr>
<tr>
<td>23 A. Are you an active-duty member of the U.S. Armed Forces?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “Yes,” does your military Leave and Earnings Statement (LES) reflect Virginia withholding?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Effective date of change to Virginia:  ____ / ____ / ____</td>
<td>Attach a copy of your most recent LES.</td>
<td>Attach a copy of your most recent LES.</td>
</tr>
<tr>
<td>24 A. Is your parent/legal guardian/spouse an active-duty member of the U.S. Armed Forces?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>B. If “Yes,” does his or her military Leave and Earnings Statement (LES) reflect Virginia withholding?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Effective date of change to Virginia:  ____ / ____ / ____</td>
<td>Attach a copy of his or her most recent LES.</td>
<td>Attach a copy of his or her most recent LES.</td>
</tr>
</tbody>
</table>
SECTION C: Parent/Legal Guardian/Spouse Information

25. Name of parent/legal guardian/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/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. Dates must be included.

   From (MM/DD/YY) To (MM/DD/YY) Street City State ZIP code
   a. ____ / ____ / ____ to today _____________________________ ________________ _______ ____________
   b. ____ / ____ / ____ to ____ / ____ / ____ _____________________________ ________________ _______ ____________
   c. ____ / ____ / ____ to ____ / ____ / ____ _____________________________ ________________ _______ ____________

SECTION D: Additional Information

29. A. Have you always resided in Virginia?
   □ Yes □ No
   B. 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 _____ / _____ / _______ Which college? _________________________________
   Graduate _____ / _____ / _______ Which college? _________________________________

32. Indicate your enrollment plans: (Check one).
   □ Enroll for both semesters (fall and spring)
   □ Enroll for only one semester: _____ Fall _____ Spring

NOTE: Notify your financial aid officer if you are a dependent of an active-duty military member who is not claiming Virginia domicile, and they will determine if you are eligible for VTAG under the military dependent provision.

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 and other VTAG participating institutions expressly for purposes of administration of this program. 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: _____ / _____ / _______