



**Directions for Completing the Remainder of this Application**

- If your response to #2, is "Yes," proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your parent/legal guardian information in the shaded (light gray) areas.
- If your response to #3B is "Yes," proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your spouse's information in the shaded (light gray) areas.  
If your response to #3B is "No," proceed to Section B. Complete only the unshaded areas of the remainder of this application.
- If you are unmarried and did not check any of the items in #4, proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your parent/legal guardian information in the shaded (light gray) areas.
- If you are unmarried and checked any of the items in #4 and answered "No" to #2, complete only the unshaded areas of the remainder of this application.

**SECTION B: Domicile Information**

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent upon whom you are dependent. This parent/legal guardian must sign and date this application. If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. Your spouse must sign and date this application.

|  |                                 |   |                                 |
|--|---------------------------------|---|---------------------------------|
| <b>5) Are you completing the shaded areas for your (check only one):</b> |                                 |   |                                 |
| <input type="checkbox"/> Father  | <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Spouse |

*For questions 6-10, you must answer the "B" question if your response to the "A" question is No."*

|  |          |                              |                             |  |
|--|----------|------------------------------|-----------------------------|--|
| <b>6) A. Have you been employed in Virginia for the past year?</b> | Student: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|  | Parent:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

|  |          |  |                                       |
|--|----------|--|---------------------------------------|
| <b>B. If "No," were you employed in:</b> | Student: | <input type="checkbox"/> Another State | <input type="checkbox"/> Not Employed |
|  | Parent:  | <input type="checkbox"/> Another State | <input type="checkbox"/> Not Employed |

|   |          |                              |                             |  |
|---|----------|------------------------------|-----------------------------|--|
| <b>7) A. Was a tax return filed or income taxes paid to Virginia as a full or part-year resident on all earned income in 2009 and 2010?</b> | Student: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|   | Parent:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

|  |          |  |                                      |
|--|----------|--|--------------------------------------|
| <b>B. If "No," were taxes paid to:</b> | Student: | <input type="checkbox"/> Another State | <input type="checkbox"/> Didn't File |
|  | Parent:  | <input type="checkbox"/> Another State | <input type="checkbox"/> Didn't File |

|  |          |                              |                             |  |
|--|----------|------------------------------|-----------------------------|--|
| <b>8) A. Are you a registered voter in Virginia?</b> | Student: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|  | Parent:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

|  |          |  |
|--|----------|--|
| <b>B. If "No," were you registered in:</b> | Student: | <input type="checkbox"/> Another State |
|  | Parent:  | <input type="checkbox"/> Another State |

|   |          |                              |                             |  |
|---|----------|------------------------------|-----------------------------|--|
| <b>9) A. Do you hold a valid Virginia driver's license?</b> | Student: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|   | Parent:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

|  |          |  |                                       |
|--|----------|--|---------------------------------------|
| <b>B. If "No," do you hold a license in:</b> | Student: | <input type="checkbox"/> Another State | <input type="checkbox"/> Not Licensed |
|  | Parent:  | <input type="checkbox"/> Another State | <input type="checkbox"/> Not Licensed |

|  |          |                              |                             |  |
|--|----------|------------------------------|-----------------------------|--|
| <b>10) A. Did you operate a motor vehicle registered in Virginia during the past year?</b> | Student: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
|  | Parent:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

|   |          |  |
|---|----------|--|
| <b>B. If "No," is it registered in:</b> | Student: | <input type="checkbox"/> Another State |
|   | Parent:  | <input type="checkbox"/> Another State |

- 11) A. Are you a member of the Armed Forces? If "No," proceed to question 12.  Yes  No  
 B. Have income taxes been paid to Virginia on all military income for the last year?  Yes  No  
 If "No," have income taxes been paid to another state?  Yes  No  
 C. Does the current Leave/Earnings Statement reflect Virginia withholding?  Yes  No  
 If "Yes," effective date of change to Virginia: \_\_\_\_\_

- 12) A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?  Yes  No  
 If "No," proceed to question #13.  
 B. Have income taxes been paid to Virginia on all military income for the last year?  Yes  No  
 If "No," have income taxes been paid to another state?  Yes  No  
 C. Does the current Leave/Earnings Statement reflect Virginia withholding?  Yes  No  
 If "Yes," effective date of change to Virginia: \_\_\_\_\_

**SECTION C: Additional Information**

- 13) If your spouse is in the military, will you have:  Question 13 is not applicable.  
 A. Resided in Virginia for the past year?  Yes  No  
 B. Been employed and earned at least \$10,300 during the past year?  Yes  No  
 C. Paid income taxes to Virginia on all earned income?  Yes  No

- 14) If you have lived outside Virginia for the past year, will you have:  Question 14 is not applicable.  
 A. Been employed in Virginia and earned at least \$10,300 during the past year?  Yes  No  
 B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  Yes  No

- 15) If your parent/legal guardian is in the military, will the non-military parent/legal guardian have:  Question 15 is not applicable.  
 A. Resided in Virginia for the past year?  Yes  No  
 B. Been employed and earned at least \$10,300 during the past year?  Yes  No  
 C. Paid income taxes to Virginia on all earned income?  Yes  No  
 D. Claimed you as a dependent for federal and Virginia income tax purposes?  Yes  No

- 16) If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have:  Question 16 is not applicable.  
 A. Been employed in Virginia and earned at least \$10,300 during the past year?  Yes  No  
 B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  Yes  No  
 C. Claimed you as a dependent for federal and Virginia income tax purposes?  Yes  No

17) If the student checked the 'Independent Student's Domicile' box in Section A or if you checked any of the boxes listed in Question 4, the following table should be completed by the student. If the student did not check any of these boxes, the student's parent(s) should complete the following table. Please list your physical presence for the past two years (on a monthly basis) as well as your related activities; including employment, and expenses, including school related expenses. If part of your support comes from a savings account, trust fund, mutual fund, or stock dividends, please indicate the source of the funds used to establish/purchase the account/fund. If a section is for a future term, please enter N/A. **SECTION 17 CONTINUED ON NEXT PAGE**

| Month/<br>Year | Physical<br>Location | Activities/<br>Employment/<br>School | Student's<br>Monthly<br>Expenses<br>(Educational<br>expenses<br>should be<br>included) | Source(s)<br>and<br>amounts of<br>financial<br>support/<br>income<br>(Monthly) |
|----------------|----------------------|--------------------------------------|--|--|
| SEP 2008       |                      |                                      |  |  |
| OCT 2008       |                      |                                      |  |  |
| NOV 2008       |                      |                                      |  |  |
| DEC 2008       |                      |                                      |  |  |
| JAN 2009       |                      |                                      |  |  |
| FEB 2009       |                      |                                      |  |  |
| MAR 2009       |                      |                                      |  |  |
| APR 2009       |                      |                                      |  |  |
| MAY 2009       |                      |                                      |  |  |
| JUN 2009       |                      |                                      |  |  |
| JUL 2009       |                      |                                      |  |  |
| AUG 2009       |                      |                                      |  |  |
| SEP 2009       |                      |                                      |  |  |
| OCT 2009       |                      |                                      |  |  |
| NOV 2009       |                      |                                      |  |  |
| DEC 2009       |                      |                                      |  |  |
| JAN 2010       |                      |                                      |  |  |
| FEB 2010       |                      |                                      |  |  |
| MAR 2010       |                      |                                      |  |  |
| APR 2010       |                      |                                      |  |  |
| MAY 2010       |                      |                                      |  |  |
| JUN 2010       |                      |                                      |  |  |
| JUL 2010       |                      |                                      |  |  |
| AUG 2010       |                      |                                      |  |  |

**PLEASE BE SPECIFIC WHEN COMPLETING THE ABOVE INFORMATION. THE SOURCE(S) OF YOUR FINANCIAL SUPPORT MUST BE CLEARLY IDENTIFIED.**

**SECTION D: Parent/Legal Guardian or Spouse Information (Must be completed if under age 24)**

|  |                         |  |            |  |
|--|-------------------------|--|------------|--|
| <b>18) Name:</b>   |                         |  |            |  |
| <b>Address:</b>  |                         |  |            |  |
| <b>Home Phone No.:</b>   |                         | <b>Work Phone No.:</b>                                 |            | <b>Date of Birth:</b>                    |
| <input type="checkbox"/>                                       | <b>U.S. Citizen</b>     | <b>List visa type and attach copies of INS papers:</b> |            |  |
| <input type="checkbox"/>                                       | <b>Non-U.S. Citizen</b> |  |            |  |
| <input type="checkbox"/>                                       |                         |  |            |  |
| <b>Please list your residences for the past two (2) years:</b> |                         |  |            |  |
| <b>Street Address</b>  | <b>City</b>             | <b>State</b>   | <b>Zip</b> | <b>From (MM/DD/YY)<br/>To (MM/DD/YY)</b> |
|  |                         |  |            |  |
|  |                         |  |            |  |
|  |                         |  |            |  |

**SECTION E: Supplemental Student Information**

**19) Where were/are you physically located during Thanksgiving, Winter, Spring, and Summer breaks?**

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**20) Did you have health insurance in 2009?**  Yes  No  
**If so, who was responsible for paying the premium? What was the approximate cost of the premium?**

**21) Do you have health insurance in 2010?**  Yes  No  
**If so, who is responsible for paying the premium? What was the approximate cost of the premium?**

**22) Did you have the use of an automobile in 2009 and/or 2010?**  Yes  No  
**If so, who owns/owned the automobile? Did you compensate the owner(s) for the use of the automobile? If so, in what amount? Please specify whether you compensated the individual(s) on a monthly or yearly basis.**

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**23) Did you have automobile insurance in 2009?**  Yes  No  
**If so, who was responsible for paying the premium? What was the approximate cost of the premium?**

**24) Do you have automobile insurance in 2010?**  Yes  No  
**If so, who is responsible for paying the premium? What was the approximate cost of the premium?**

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**25) Please list your *earnings from work* for the following years:**

|              |              |                         |
|--------------|--------------|-------------------------|
| <b>2008:</b> | <b>2009:</b> | <b>2010: (estimate)</b> |
|--------------|--------------|-------------------------|

26) Have you ever attended another college or university?

Yes

No

If so, please list the schools and approximate dates of attendance below:

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27) Please provide any other information you feel is relevant to your case. (You may attach additional sheets if necessary.)

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28) When and why did you come to Virginia?

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29) Where and when did you graduate from high school? Please list address(es) and dates.

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**SECTION F: Certification and Signature(s)**

*I hereby certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition and/or dismissal from the university. I agree to furnish the university with supporting documentation related to my application in a timely manner. I realize that failure to supply additional information may result in a denial of my application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Spouse  
(if required to furnish parental or spousal information)

\_\_\_\_\_  
Date