

# NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY (NCSEAA)

## APPLICATION FOR THE

### NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)\*

2006-2007 ACADEMIC YEAR

Read information on back  
before completing this form.

Submit completed form to  
authorized educational official.

TYPE OR PRINT NEATLY IN INK.

DO NOT SEND TO NCSEAA.

"X" CORRECT BOXES

\* The institution may elect to use this form to determine residency for the State Contractual Scholarship Fund program

|   |                                  |                                 |                    |                              |
|---|----------------------------------|---------------------------------|--------------------|------------------------------|
| <b>1. Name</b>  |                                  |                                 |                    |                              |
| Last Name   | First Name                       | Middle Name                     |                    |                              |
| <b>2. Permanent Resident Address (P O Box # Can Not Be Used)</b>  |                                  |                                 |                    |                              |
| Use Street Address or Route Number  |                                  | City or Town                    | State              | Zip Code                     |
| County  |                                  |                                 |                    |                              |
| <b>3. Home Telephone # w/Area Code</b>  | <b>4. Social Security Number</b> | <b>5. Birth Date (mm/dd/yy)</b> |                    |                              |
| _____   | ____-____-____                   | ____/____/____                  |                    |                              |
| <b>6. Name and Address of High School (HS) from which you graduated</b>   |                                  |                                 |                    | <b>7. Year Graduated H S</b> |
| High School _____<br>City _____ State _____   |                                  |                                 |                    | _____                        |
| <b>8. (a) Are you a citizen of the U. S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                 |                    |                              |
| (b) If No, do you possess an Alien Registration Receipt Card (Form I-551)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |                                 |                    |                              |
| (c) If No, what type of Visa do you hold? _____   |                                  |                                 |                    |                              |
| <b>9. Parents or Legal Guardian Permanent Address (Street or R.F.D., City, State)</b>   |                                  |                                 |                    |                              |
| _____   |                                  |                                 |                    |                              |
| If guardian, date of appointment _____  |                                  |                                 |                    |                              |
| <b>10. Length of Time Parents or Guardian at Current Permanent Address</b> _____ Yrs.    _____ Mos.   |                                  |                                 |                    |                              |
| <b>11. Are you, your spouse or one of your parents a member of the Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |                                 |                    |                              |
| If you answered Yes to above, identify relationship <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse   |                                  |                                 |                    |                              |
| If you answered Yes to above, is the individual on: <input type="checkbox"/> Active Duty <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Retired   |                                  |                                 |                    |                              |
| <b>12. If your residency in NC is less than 2 years [item 12 (a)], you are required to complete item 12 (c) giving accurate and appropriate information. You may submit a separate letter explaining any special circumstances to your institution. After reviewing this form, your institution may require more information to determine your residency.</b> |                                  |                                 |                    |                              |
| (a) As of this school term registration date, indicate how long you have been a legal resident of NC _____ Yrs, _____ Mos.  |                                  |                                 |                    |                              |
| (b) Date you became a NC Resident (mm/dd/yy) _____.   |                                  |                                 |                    |                              |
| (c) Where ( <b>which state</b> ) and when ( <b>month and year</b> ) did you complete the following activities during the past three years?  |                                  |                                 |                    |                              |
|   | <u>FILED STATE TAX</u>           | <u>PAID VEHICLE/</u>            | <u>REGISTER TO</u> | <u>ACQUIRED/RENEWED</u>      |
|   | <u>AS RESIDENT</u>               | <u>PROPERTY TAX</u>             | <u>VOTE/VOTED</u>  | <u>DRIVER'S LICENSE</u>      |
| 1. YOU:   | _____                            | _____                           | _____              | _____                        |
| 2. PARENT:  | _____                            | _____                           | _____              | _____                        |
| 3. GUARDIAN:  | _____                            | _____                           | _____              | _____                        |
| 4. SPOUSE:  | _____                            | _____                           | _____              | _____                        |
| <b>13. During the 2006-2007 academic year, will you be enrolled and classified as a: (X one)</b>  |                                  |                                 |                    |                              |
| <input type="checkbox"/> Full-Time Student (enrolled for at least 12 hrs. of credit or the equivalent) <b>or</b>  |                                  |                                 |                    |                              |
| <input type="checkbox"/> Part-Time Student (enrolled for less than 12 hrs of credit or the equivalent)  |                                  |                                 |                    |                              |
| <b>14. Do you have a previous undergraduate degree?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is it <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate   |                                  |                                 |                    |                              |
| If yes, from what institution? _____  |                                  |                                 |                    |                              |

**Continue on reverse side**

Any questions concerning this form should be directed to the office that provided or required this form at your institution.

|           |            |             |
|-----------|------------|-------------|
| Name      |            |             |
| Last Name | First Name | Middle Name |

**15. Selective Service Registration ("X" all applicable blocks)**

(a)  I certify that I am registered with the Selective Service.

(b)  I certify that I am not required to be registered with the Selective Service because:

I am a female.                       I have not reached my 18th birthday.                       I am 26 years old or older.  
 I am in the military on active duty. (Note: Members of the Reserves and National Guard are not considered to be on active duty.)

**STUDENT CERTIFICATION**

I hereby swear (or affirm) that the information I have given on this application is true, complete and correct and that to the best of my knowledge and belief I am eligible to be considered for a NCLTG and/or State Contractual Scholarship Fund (SCSF) grants as defined under NC laws and NCLTG and/or SCSF Regulations. I authorize the school to provide to NCSEAA the information provided on this application to verify my eligibility to receive an NCLTG and/or SCSF award for the academic period stated. I understand that my Social Security Number will be used in the record system of NCSEAA only as an identifying number. **I also understand that it is my responsibility to complete an Application for NCLTG for each year that I expect to receive an award.**

\_\_\_\_\_   
 Student's Signature

\_\_\_\_\_   
 Date

**STUDENT SHOULD NOT WRITE BELOW THIS LINE**

**TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

**SCHOOL CERTIFICATION**

I hereby certify that the information contained in this statement is true, complete and correct to the best of my knowledge and belief according to the records of this institution. I also hereby certify that I have properly evaluated this application regarding residency for each school term applied for by the student applicant. Based upon information provided by the student applicant, I attest to the eligibility or continued eligibility of the student applicant in accordance with NC laws and regulations governing the NCLTG and/or SCSF programs as administered by the NCSEAA.

\_\_\_\_\_   
 Signature of Authorized Official

\_\_\_\_\_   
 Name of School

\_\_\_\_\_   
 Title of Authorized Official

\_\_\_\_\_   
 Date

The North Carolina Legislative Tuition Grant (NCLTG) and State Contractual Scholarship Fund (SCSF) programs were created by the General Assembly of North Carolina to provide tuition assistance to North Carolina (NC) resident students attending eligible private colleges and universities located in the State. The program is administered by the North Carolina State Education Assistance Authority (NCSEAA) pursuant to the Act and *Regulations* adopted by NCSEAA. Each participating eligible institution administers the program for and on behalf of the eligible students it enrolls. Funds for the support of the tuition grant programs are contingent each year upon the appropriations made available by the North Carolina General Assembly.

**ELIGIBILITY**

To qualify for a **NCLTG** award, a student must:

- (1) be a resident of NC for the purposes of tuition payment under the terms and conditions of the *Residence Manual* of The University of North Carolina (UNC),
- (2) be enrolled **full time** as an undergraduate student in a program eligible under the Regulations at a NC private college or university as defined in G.S. 116-22(1)
- (3) be certified to the Authority by an approved institution as to eligibility and enrollment as defined in the *Regulations* of the program, and
- (4) not have received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is the attainment of a degree in theology, divinity, or religious education or in any other program of study that is designed by the institution primarily for career preparation in a religious vocation.

To qualify for a **SCSF** award, a student must:

- (1) be a resident of NC for the purposes of tuition payment under the terms and conditions of the *Residence Manual* of UNC,
- (2) be enrolled **at least part time** as an undergraduate student in a program eligible under the Regulations at a NC private college or university as defined in G.S. 116-22(1),
- (3) be certified to the Authority by an approved institution as to eligibility and enrollment as defined in the *Regulations* of the program,
- (4) not have received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is the attainment of a degree in theology, divinity, or religious education or in any other program of study that is designed by the institution primarily for career preparation in a religious vocation and
- (5) be determined by the institution to have financial need, completed Selective Service registration requirements and not be in default on a federal student loan and does not owe a refund under any program authorized by Title IV of the Higher Education Act of 1965, as amended.

**Any questions concerning this form should be directed to the office that provided or required this form at your institution. COMPLETED FORM TO BE RETAINED WITH THE RECORDS OF THE EDUCATIONAL INSTITUTION. DO NOT SEND TO NCSEAA.**