



Tuition Waiver for Dependents of Fallen and Disabled Service Members

Please type or print in BLACK ink only.

In recognition of your loved one's service to our country, we are honored to provide you the opportunity to earn an associate's degree – tuition free – through Columbia Gorge Community College. To apply for this tuition waiver, simply follow the steps outlined below. Award of the tuition waiver is subject to verification. Notification will be sent to your MyCGCC email account advising you of the outcome of your application and any qualifying amount.

Step 1 Complete the admissions process, obtain a student ID # and meet with an advisor. If you have already done so, skip to Step 2. Step 2 Prepare your documentation, which must include the following:

- Proof of dependent status (DD Form 93 or other supporting document)
- Proof of veteran's death or total (100%) and permanent disability (DD Form 214 or statement of disability from the VA)
- Proof of applicant's residence (valid state or federal photo ID with Oregon

address) Step 3 Complete the applicant information section (below).

Step 4 Bring the application and required documents to Student Services. Your application and documents may be submitted by mail. Step 5 Finalize your registration and then view and pay your fees through MyCGCC or in person at an on-campus cashier.

Prior to the drop deadline for the term, CGCC will send an award letter confirming the tuition amount eligible under this tuition waiver and post the amount authorized to your account. You will be responsible for paying any remaining charges on your account. If you have a break of enrollment you must resubmit a Tuition Waiver for Dependents of Veterans Application.

Applicant Information:

CGCC Student # _____ Student Name _____
Last First Middle Initial

Address: _____
Street Address Apt #

City State Zip Phone _____

School (MyCGCC) email: _____ Date: _____

Declared Degree or Certificate: _____

Veteran's Name: _____ Date of Death or Disability _____

I do do not receive financial aid VA service-connected disability rating _____ %

Student's Relationship to Veteran: Spouse Son/Daughter Other (list) _____

Applicant Certification:

Signed: _____ Date: _____

THIS BOX FOR COLLEGE USE ONLY

Received By: _____ Date: _____ Accepted Returned pending: _____

Received By: _____ Date: _____ Accepted Denied: _____

Notification By: _____ Date: _____ Comments: _____