

# 202 -2 TUITION ASSISTANCE GRANT PROGRAM APPLICATION — IMPORTANT INFORMATION FOR STUDENTS AND PARENTS —

This document contains important information for all students participating in the Virginia Tuition Assistance Grant (VTAG) program.

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## 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:** XXX -XX - \_\_\_\_\_ **3. Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Sex:** M    F    **5 A. Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **5 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.**

<i>From (MM/DD/YY)</i>	<i>To (MM/DD/YY)</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
a. ____ / ____ / ____	to today	_____	_____	_____	_____
b. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____
c. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____

**8. Are you a United States Citizen or Permanent Resident?** Yes                  No

If "No," attach a copy of your INS documentation to this application, indicating your classification and expiration date.

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

Have you received a VTAG award before? F Yes .BZCF      No

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

At which institution(s)? \_\_\_\_\_

By August 202 , will you have earned a baccalaureate degree (i.e., B.A., B.S., etc)? Yes                  No

By August 202 , will you have earned a post-baccalaureate degree (i.e., M.A., J.D., etc)? Yes                  No

**A. What will be your level of study during the 202 2 academic year? (Check only one)**

Undergraduate

## 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 "Student" (unboxed) and "Parent/Legal Guardian/Spouse" (boxed) areas in Sections B, C, and E. 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 "Student" (unboxed) areas of this application.

**IMPORTANT:** If you complete the portion of this application that is boxed with parental information, answer the questions based on the parent/legal guardian from whom you received the most financial support. You may also choose to provide information about a 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."

	Student	Parent/Legal Guardian/ Spouse
18 A. Have you been employed in Virginia in the past year?	Yes    No	Yes    No
B. If "No," were you employed in:	Another State Not Employed	Another State Not Employed
C. If you answered "Not Employed" under "Student," what are your source(s) of financial support?	<hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
19 A. Will (or did) you file a 2021 Virginia full- or part-year resident income tax form?	Yes    No	Yes    No
B. If "No," were taxes paid to:	F Another State F % J E / P U ' J M F F	F Another State F % J E / P U ' J M F F
20 A. Are you a registered voter in Virginia?	Yes    No	Yes    No
B. If "No," are you registered to vote in:	Another State / P U 3 F H J T U F S F	Another State / P U 3 F H J T U F S F
21 A. Do you hold a valid Virginia driver's license?	Yes    No	Yes    No
B. If "No," do you hold a license in:	Another State Not Licensed	Another State Not Licensed
22 A. Do you operate a motor vehicle registered in Virginia?	Yes    No	Yes    No
B. If "No," is it registered in:	Another State % P / P U 0 X O P S 0 Q F S B U F	Another State % P / P U 0 X O P S 0 Q F S B U F
23 A. Are you an active-duty member of the U.S. Armed Forces?		

## 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 Permanent Resident? FYes F No

**28.** Where has your parent/legal guardian/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? FYes F No

**B.** If No, when did you most recently move to Virginia? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM DD YY

**30.**

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