

**APPLICATION FOR THE  
NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)\*  
2011-2012 ACADEMIC YEAR**

**1. Student Identification**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

**2. Education Information**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Have you earned an associate's and/or bachelor's degree?  Yes  No

College/University \_\_\_\_\_ State \_\_\_\_\_ Degree Earned  Associate's  Bachelor's

**3. North Carolina Residency**

(a) YOUR Current Permanent Physical Address: (P.O. Boxes cannot be used)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(b) Your PARENTS' Current Permanent Physical Address: (P.O. Boxes cannot be used)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(c) Date you became a legal resident of North Carolina: \_\_\_\_\_

(d) If you have been a resident of NC for less than 2 years, provide the information below.

	STATE INCOME TAX FILED		VEHICLE/PROPERTY TAX PAID		VOTER REGISTRATION		DRIVER'S LICENSE	
	2010	2009	2010	2009	State	Registered	State	Issued/Renewed
i. YOU:	_____	_____	_____	_____	_____	_____	_____	_____
ii. SPOUSE:	_____	_____	_____	_____	_____	_____	_____	_____
iii. PARENT:	_____	_____	_____	_____	_____	_____	_____	_____

(e) Are you, your spouse or one of your parents a member of the Armed Forces?  Yes  No

If 'Yes', indicate service member(s) and enlistment status:

<input type="checkbox"/> Self	Status: <input type="checkbox"/> Active Duty	<input type="checkbox"/> Nat'l Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Retired
<input type="checkbox"/> Spouse	Status: <input type="checkbox"/> Active Duty	<input type="checkbox"/> Nat'l Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Retired
<input type="checkbox"/> Parent	Status: <input type="checkbox"/> Active Duty	<input type="checkbox"/> Nat'l Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Retired

(f) Are you a U.S. citizen?  Yes  No

If 'No', are you a Permanent Resident in possession of Form I-551 (a 'Green Card')?  Yes  No

If 'No', what type of Visa do you hold? \_\_\_\_\_

**Student Certifications**

**4. Enrollment Classification**

(a)  I am seeking my **first bachelor's degree** or **first associate's degree**.

(b)  I have a bachelor's degree and I am seeking **initial licensure as a teacher or nurse**.

(c)  Neither (a) nor (b) above describe me and I am **not eligible** for this grant.

**5. Selective Service Registration**

(a)  I am registered with the Selective Service.

(b)  I am not required to register with the Selective Service.

(c)  I have not fulfilled my Selective Service registration requirement and I am **not eligible** for this grant.

**6. Student Certification**

The information provided on this application is complete and correct. I authorize the school to provide NCSEAA with the information on this application and to verify my grant eligibility. I must submit an NCLTG Application by the deadline for each year that I expect to receive an award. My eligibility and the award amount are subject to current North Carolina statutes governing the NCLTG program and the availability of grant funds.

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

\_\_\_\_\_  
Date

**Any questions concerning this application should be directed to the office at your institution that provided this application.**

**STUDENT SHOULD NOT WRITE BELOW THIS LINE**

**INSTITUTION'S CERTIFICATION**

This student is **eligible** for an NCLTG award as either an 'Eligible' or 'Licensure' student.

This student is **not eligible** for an NCLTG award.

I hereby certify that the information on this statement is complete and correct. Based on this application and the information in our institution's records, the student's above indicated eligibility status was determined in accordance with the current North Carolina statutes and rules governing the NCLTG program.

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

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

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

\_\_\_\_\_  
Date

**Details are available at <http://www.CFNC.org/NCLTG>**