20 -   TUITION ASSISTANCE GRANT PROGRAM APPLICAT
— IMPORTANT INFORMATION FOR STUDENTS AND PARENTS —

This document contains important informatiNip0AcD alghis document igfma0 16uViiNip0A 0 0ssisr0 s doce Grr 992.6 Vma0orG004pro3 0 0red by.9 s institutions and the State Council of Higher Education for Virginia (SCHEV). It also provides details on the eligibility requirements, application deadlin and criteria for award distributions. Please read this document carefully.

BACKGROUND INFORMATION

VTAG is a non need-based grant for Virginia residents attending a participating Virginia private college or university. Funds for this grant have been appropriated by the state legislature since 1973. While the maximum award is authorized each biennium, the amount is not guaranteed and can vary annually. The exact amount of each academic year's award is determined by the available funding and the total number of eligible applicants. If fundi is insu cient to fully award all students, it is possible that the spring award will be adjusted and some students will receive no award. The college nancia aid o ce will have the most current information about the expected maximum award. See below for the categories and prioritization of awards.

ELIGIBILITY REQUIREMENTS

Students must meet all the eligibility requirements set forth by the General Assembly, Sections 23.1-628 through 635 of the Code of Virginia and in th VTAG regulations, 8 VAC 40-71. All requirements are not speci ed in this application The basic eligibility requirements are:

- %PMJDSJMTFJEPFOSJHFGBSBFPTDFFBSSJFSFDFJV5*(P SFQFOPPGTSUBJMOJUBSSZPOOFM
 [A student who is in Virginia primarily to attend college is not considered to be a domiciled resident.]

- &OSPBMBFGVFMMTUVSFBEOOMJHJOOTUFJUGUFFJMPOJOEJDFBHMSFSPHSBN
 [For speci cs on "full-time" or "eligible degree program," please contact your institution's nancial aid o ce.]

- "DPNQMF5*(BEQQMJDBUNPOPOFFZSTTJU6OUBOJPOPUFEBMDF

APPLICATION DEADLINES AND AWARD DISTRIBUTION CRITERIA

Conditions for reduction of the award amount and eligibility are described in program regulations. If funds are not su cient to make full VTAG awards all eligible students, a priority system is used to determine the size of the awards. Students in the rst categories must receive full funding before subs quent categories can be considered; however, categories 1 and 2 are combined and will receive the same award amount.

Priority System:

- Category 1: Returning students who received a VTAG award in the previous fiscal year. This category includes transfer students who receiv a VTAG award in the previous fiscal year at another institution.

- Category 2: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program by July 31, 201 . This category also includes returning and transfer students determined to be eligible in the previous fiscal year, but not awarded.

- Category 3: New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program between and including August 1 and September 14, 20 .

- Category 4: All students eligible for spring term awards only (except those who received the award in the previous fiscal year), and who apply by December 1, 201 .

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Total support cannot exceed two years for an associate program, no more than four years for undergraduate programs, and no more than three years all post-undergraduate programs except for medicine and pharmacy, which allow a maximum of four years. Recipients of the awards have the respons bility to notify, in writing, the institutions they attend of any name or permanent address changes.

The institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisio or reviewing appeals; any information requested for these items is for statistical purposes only.
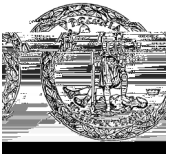
Public Law 93-579, referred to as the Federal Privacy Act, requires that any federal, state, or local agency that requests an individual to disclose his S Security number inform the individual by which statutory or other authority the number is solicited, whether that disclosure is mandatory or voluntary, and what uses could be made of it. SCHEV, as required by published regulations, requests each applicant for its student aid programs to submit a So Security number on a voluntary basis. The Council uses a student's Social Security number for unique identi cation purposes in the application and reporting processes.

*** If you have further questions regarding VTAG, please contact your institution's nancial aid o ce. ***

COLLEGES AND UNIVERSITIES APPROVED FOR PARTICIPATION

Appalachian College of Pharmacy	Edward Via Virginia College of Osteopathic Medicine	Hampton University	Randolph College	University of Lynchburg
Averett University		Hollins University	Randolph-Macon College	University of Richmond
Blue eld College	Emory & Henry College	Je erson College of Health Sciences	Regent University	Virginia Union University
Bridgewater College	Ferrum College	Liberty University	Roanoke College	Virginia Wesleyan College
Christendom College	George Washington University (VA campus only)	Mary Baldwin University	Shenandoah University	Washington & Lee University
Eastern Mennonite University	Hampden-Sydney College	Marymount University	Southern Virginia University	
			Sweet Briar College	

Graduate Students: 0nly students enrolled in graduate programs in the health professions -- as certified by a 51 series CIP code -- are eligible to receive VTAG.

Virginia Tuition Assistance Grant Application

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Print and submit the complet ed VTAG application to your institution 's nancial aid o ce.

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
PAGES ARE COMPLETED, AND THE APPLICATION IS SIGNED AND DATED.

1. Name:

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_____   _____   ___   _____

_____   _____   ___   _____

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If you <u>did not</u> check any of the characteristics in Question 16, or if you answered "Yes" to Question 15 B, complete both the "Student" (unboxed) and i B S F O U (V B S E J B O 4 Q P V Y B S F W B 4 F D U # B B O E I S F T Q P 2 V F T U J P O J D B U F whether you are providing your parent, legal guardian, or spouse's information in the boxed sections.

If you <u>did</u> 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 U I Q B S F O U H W J F S H J B B S X O P N Z P S F D F U U W F F T U O B O D V Q M P S U B M T P P T U R S P W J D F G P S N B B U P J B P O 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

☐   ☐
☐   ☐

SECTION C: Parent/Legal Guardian/Spouse Information

25. Name of Parent/Legal Guardian/Spouse _____

    Last   First   Middle Initial

26. Parent/Legal Guardian/Spouse's Work: (_____)_____ Home: (_____)_____-_____
    telephone numbers

27. Is your Parent/Legal Guardian/Spouse a Citizen or Permanent Resident?
    If "No" what attach a copy of his or her I-94 document indicating the class
    ...