Letter of Intent for Non-Resident Veterans, Members of the Armed Forces, Spouses, and Dependents

Section 54.058(g) and (k) of the Texas Education Code and Title 19, Part 1, Chapter 21, Subchapter B, Rule 21.29(l) of the Texas Administrative Code provides that persons eligible for benefits under the federal Post 9/11 Veterans Education Assistance Act of 2008, or any other federal law authorizing educational benefits for veterans, are eligible to pay the resident tuition rate without regard to the length of time they have been in the state, as are their spouses and children (including stepchildren), or the spouses or children of an active member of the Armed Forces stationed outside Texas, if they meet the following Conditions.

(i) File a letter of intent with their institution to establish residency in Texas
(ii) Reside in this state while enrolled in the institution
(iii) If qualifying as a child, be 25 years of age or younger on the first day of the term in which the person is registering unless meeting the hardship provisions described in clause (iv) of this subparagraph; and
(iv) If the child applying for an exemption under this provision is 25 years of age or older but can provide proof to the institution of severe illness or other debilitating condition that affected the person’s ability to use the benefit before reaching that age, the child’s period of eligibility to use the waiver shall be extended for a length of time equal to the period of illness or incapacity.

Instructions: This form must be completed prior to the beginning of the semester of enrollment.

Name: ____________________________
(Name of Person Eligible to Pay the Resident Tuition Rate as Outlined in the above subparagraphs)

Name of Veteran or Armed Forces Member: ____________________________
SSN: ____________________________

Term(s): Fall ( ) Spring ( ) Summer ( )

Student ID: ____________________________

Applying as a: Veteran ( ) Spouse ( ) Dependent ( ) Armed Forces ( )

Eligible Benefits
( ) CH 33 – Post 9/11 GI Bill ( ) CH 31 – Vocational Rehabilitation
( ) CH 30 – Montgomery GI Bill ( ) CH 35 – Dependents Education Assistance (DEA)
( ) CH 1606 – GI Bill Selected Reserve ( ) CH 1607 – Reserve Education Assistance Program (REAP)

I understand that officials of LSCS will use the information submitted on this form to determine my intent to establish residency and reside in Texas. I authorize LSCS to verify the information I have provided. I agree to notify the proper LSCS officials of any changes in the information provided. I certify that the information is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action.

Signature ____________________________ Date ____________________________

FOR OFFICE USE ONLY:
Verified By: ____________________________ Date: ____________________________
Waiver Entered By: ____________________________ Date: ____________________________

Form Approved by the Lone Star College System
Office of General Counsel 07.06.11