

NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY (NCSEAA)

Read information on back
before completing this form.

APPLICATION FOR THE NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)* 2009-2010 ACADEMIC YEAR

Submit completed form to
authorized educational official.
DO NOT SEND TO NCSEAA.

TYPE OR PRINT NEATLY IN INK.

"X" CORRECT BOXES

*The institution may elect to use this form to determine residency for the State Contractual Scholarship Fund program.

1. Name				
Last Name	First Name	Middle Name		
2. Permanent Residential Address (P O Box # Cannot Be Used)				
Use Physical Street Address or Route Number		City or Town	State	Zip Code
County				
3. Home Telephone Number w/Area Code	4. Social Security Number		5. Birth Date (mm/dd/yy)	
_____	____-____-____		____/____/____	
6. Name and Address of High School (HS) from which you graduated				7. Year Graduated From HS
High School _____ City _____ State _____				_____
8. (a) Are you a citizen of the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) If No, do you possess an Lawful Permanent Resident 'Green Card' or Alien Registration Card (Form I-551)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(c) If No, what type of Visa do you hold? _____				
9. Parents or Legal Guardian Current Permanent Address (Street or R.F.D., City, State)				

If guardian, date of appointment _____				
10. Length of Time Parents or Legal Guardian at Current Permanent Address _____ Yrs. _____ Mos.				
11. Are you, your spouse or one of your parents a member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse				
If Yes, is the individual on: <input type="checkbox"/> Active Duty <input type="checkbox"/> Nat'l Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Retired				
12. (a) As of the first day of class of this School Term, how long have you been a legal NC resident? _____ Yrs. _____ Mos.				
(b) Date you became a legal NC Resident (mm/dd/yy) _____.				
If you have been a resident in NC for less than 2 years, you are required to complete item 12 (c) giving accurate and appropriate information. You may submit a separate letter explaining any special circumstances to your institution. After reviewing this form, your institution may require more information to determine your residency.				
(c) Where (which state) and when (year) did you complete the following activities during the past three years?				
	<u>FILED STATE TAX</u>	<u>PAID VEHICLE/</u>	<u>REGISTER TO</u>	
	<u>AS RESIDENT</u>	<u>PROPERTY TAX</u>	<u>VOTE/VOTED</u>	
	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>ST/Yr - ST/Yr - ST/Yr</u>	<u>St/Yr</u>	<u>DRIVER'S LICENSE</u>
				<u>ST/Yr</u>
1. YOU:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
2. PARENT:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
3. GUARDIAN:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
4. SPOUSE:	_____	_____	_____	_____ <input type="checkbox"/> New <input type="checkbox"/> Renewed
13. As of the first day of class of this School Term, I will be enrolled and classified as a: (X one)				
<input type="checkbox"/> Full-Time undergraduate degree seeking student enrolled for at least 12 hours of credit or the equivalent				
<input type="checkbox"/> Part-Time undergraduate degree seeking student enrolled for at least 6 hours of credit or the equivalent				
<input type="checkbox"/> Full or Part-Time student seeking a first-time teacher or nursing license				
14. Do you have a previous undergraduate degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate				
If yes, from what institution? _____.				

Continue on reverse side

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

