



Application for In-State Tuition under the VA Section 301 of PL 115-251

Name _____ Social Security # _____

Physical Address
(MUST be residing in Montana) _____

Mailing
Address _____

Phone Number(s) _____

Semester you plan to enroll: _____ Fall _____ Spring _____ Summer

Please submit the following with this application:

A copy of your DD-214 (must indicate character and date of discharge) and Authorization form from Veteran Readiness and Employment counselor.

If you want to establish in-state residency or change to in-district residency (if applicable), please submit a copy of your Montana Driver's License and proof of 12 consecutive months of MT residency to the Admission's Office at FVCC.

Signature _____ Date _____

<p>Office Use Only: Term to begin (from VA Authorization): _____</p> <p>Approved/Date: _____ SCO signature: _____</p> <p>MT DL: _____ Proof of Residency: _____ Date: _____</p>
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