

2023-24 TUITION ASSISTANCE GRANT PROGRAM APPLICATION

- IMPORTANT INFORMATION FOR STUDENTS AND PARENTS -

This document contains important information for all students participating in the Virginia Tuition Assistance Grant (VTAG) program administered by the institutions and the State Council of Higher Education for Virginia (SCHEV). It also provides details on the eligibility requirements, application deadlines, and criteria for award distributions. Please read this document carefully.

BACKGROUND INFORMATION

The Commonwealth of Virginia provides VTAG as a non need-based grant for Virginia residents attending a participating Virginia private college or university. While the maximum award is authorized each biennium, the amount is not guaranteed and can vary annually. The amount of each academic year's award is determined by the available funding and the total number of eligible applicants. If funding is insufficient to fully award all students, it is possible that the spring award will be adjusted and some students will receive no award. The college financial aid office 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 the VTAG regulations, 8 VAC 40-71. **All requirements are not specified in this application.** The basic eligibility requirements are:

- Domiciled resident of Virginia for at least one year prior to receiving VTAG or a dependent of eligible military personnel.
- Enrolled as a full-time student at an eligible institution in an eligible degree program.
[For specifics on "full-time" or "eligible degree program," please contact your institution's financial aid office.]
- A completed VTAG application submitted to your institution's financial aid office.

APPLICATION DEADLINES AND AWARD DISTRIBUTION CRITERIA

Conditions for reduction of the award amount and eligibility are described in program regulations. If funds are not sufficient to make full VTAG awards to all eligible students, a priority system is used to determine the size of the awards. Students in the first categories must receive full funding before subsequent 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 received 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, 2023**. 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, 2023**.
- **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, 2023**.

After the March verification of actual spring term enrollments, SCHEV will determine the final award amounts for category 1 and 2 applicants. If necessary, the spring amount will be adjusted. Awards, if any, for category 3 and 4 applicants cannot be determined until mid-spring.

ADDITIONAL INFORMATION

Total support cannot exceed two years for an associate program, no more than four years for undergraduate programs, and no more than three years for all post-undergraduate programs except for medicine and pharmacy, which allow a maximum of four years. Recipients of the awards have the responsibility 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 decisions or reviewing appeals; any information requested for these items is for statistical purposes only.

***** If you have further questions regarding VTAG, please contact your institution's financial aid office. *****

COLLEGES AND UNIVERSITIES APPROVED FOR PARTICIPATION

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

Priority Application Deadline: July 31, 2023

Print and submit the completed VTAG application to your institution's financial aid office.

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

1. Name: _____
Last First Middle Initial

2. Social Security Number: XXX - XX - _____ 3. Date of Birth: ____ / ____ / ____

4. Sex: M ___ F ___ 5 A. Phone: (____) _____ - _____ 5 B. Email: _____

6. Permanent address: _____
[NO P.O. BOX] Street City State ZIP code

7. Where have you lived in the last two years? List current address first. Dates must be included.

From (MM/DD/YY)	To (MM/DD/YY)	Street	City	State	ZIP code
a. ____ / ____ / ____	to today	_____	_____	_____	_____
b. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____
c. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____

8. Are you a United States Citizen or Permanent Resident? ___ Yes ___ No

If "No," attach a copy of your INS documentation to this application, indicating your classification and expiration date.

9. If you are male, have you complied with the U.S. Selective Service registration requirement? ___ Yes ___ No
___ Female

10. Have you received a VTAG award before? ___ Yes ___ No

If "Yes," in what year(s) did you receive the award? _____ At

Which institution(s)? _____

11. By August 2023, will you have earned a baccalaureate degree (i.e., B.A., B.S., etc)? ___ Yes ___ No

12. By August 2023, will you have earned a post-baccalaureate degree (i.e., M.A., J.D., etc)? ___ Yes ___ No

13. A. What will be your level of study during the 2023-24 academic year? (Check only one)

___ Undergraduate ___ Graduate (health professions) ___ Medicine (not pre-med) and Pharmacy

B. Will this be your first term at this level? ___ Yes ___ No

14. Did your parents/legal guardian provide 50% or more of your financial support or claim you as A tax dependent during the past year? ___ Yes ___ No

15. A. Do you wish to claim eligibility for VTAG based on your spouse's domicile? ___ Yes ___ No

___ Not Married

B. If "Yes," does your spouse provide over 50% of your financial support? ___ Yes ___ No

16. Do any of the following characteristics apply to you? (Place a check mark beside all that apply)

- ___ Age 24 or older as of the first day of the term in which you plan to enroll
- ___ Have legal dependents other than spouse
- ___ Veteran or active-duty member of the U.S. Armed Forces
- ___ Post-baccalaureate student
- ___ Ward of the court or was a ward of the court until age 18
- ___ Both parents are deceased, no adoptive or legal guardians

Completed Applications Should Be Submitted To Your Institution's Financial Aid Office.

SECTION C: Parent/Legal Guardian/Spouse Information

25. Name of parent/ legal guardian/ spouse: _____
(Based on your answer to Question 17) Last First Middle Initial

26. Parent/ legal guardian or spouse's telephone numbers Work: (____) _____ - _____ Home: (____) _____ - _____

27. Is your parent/ legal guardian/ spouse a U.S. Citizen or Permanent Resident? ___ Yes ___ No

If "no," some classifications and visas permit the person to establish domicile. For more information on which documents permit domicile, see Addendum A of the Domicile Guidelines. Attach copy of this INS documentation.

28. Where has your parent/ legal guardian/ spouse lived in the last two years? List current address first. Dates must be included.

From (MM/DD/YY)	To (MM/DD/YY)	Street	City	State	ZIP code
a. ____ / ____ / ____	to today	_____	_____	_____	_____
b. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____
c. ____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____

SECTION D: Additional Information

29 A. Have you always resided in Virginia? ___ Yes ___ No

B. If "No," when did you most recently move to Virginia? ____ / ____ / ____
MM DD YY

30. Student's Education History

School/College Name	State	Start Date (MM/YY)	End Date (MM/YY)
High School _____	_____	____ / ____	____ / ____
Undergraduate _____	_____	____ / ____	____ / ____
Undergraduate _____	_____	____ / ____	____ / ____
Graduate _____	_____	____ / ____	____ / ____

31. A. If you answered "No" to Question 29, did you move to Virginia in order for you or a member of your family to attend college?
___ Yes ___ No

B. If "no," indicate reason for move: _____

32. Indicate your enrollment plans: (Check one).

___ Enroll for both semesters (fall and spring) ___ Enroll for only one semester (check one): Spring ___ Fall ___

NOTE: Notify your financial aid officer if you are a dependent of an active-duty military member who is not claiming Virginia domicile and they will determine if you are eligible for VTAG under the military dependent provision.

SECTION E: Certification and Signature(s)

33. I certify that the information I have provided is true. I agree to furnish the college or university and SCHEV with supporting documentation related to this application, if requested to do so. I authorize the college to act as my fiscal agent for receipt of state funds; to act as SCHEV's agent for the administration of this program, and to release requested financial aid and admission information to SCHEV and other VTAG participating institutions expressly for purposes of administration of this program. I agree to notify the college or university (immediately) of any name or permanent address changes. I agree to allow SCHEV to have access to my Department of Motor Vehicle and Department of Taxation records.

Signature of Applicant Date

Signature of Parent/ Legal Guardian/ Spouse Referenced in Section C Above Date
(If required to furnish parental or spousal information)

PRINT THIS FORM

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