2024-25 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, 2024**. 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, 2024.
- 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, 2024.

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 Divine Mercy University 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



Virginia Tuition Assistance Grant Application

Priority Application Deadline: July 31, 2024

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		Midd	dle Initial
2. Social Security Number: XXX – XX		3. Date of Birth:/	/	
4. Sex: M F 5 A. Phone: ()	5 B. Email:			
6. Permanent address:	City	State		ZIP code
7. Where have you lived in the last two years? List current address first	st. Dates must be ir	ncluded.		
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?		Ye	es	No
If "No," attach a copy of your INS documentation to this applica	ation, indicating you		_	
9. If you are male, have you complied with the U.S. Selective Service	registration requirer	nent?Y	es _	No
		Fe	emale	
10. Have you received a VTAG award before?		Ye	es _	No
If "Yes," in what year(s) did you receive the award?				
At Which institution(s)?		<u></u>		
11. By August 2024, will you have earned a baccalaureate degree (i.e	e., B.A., B.S., etc)?	Ye	es _	No
12. By August 2024, will you have earned a post-baccalaureate degree	ee (i.e., M.A., J.D., e	tc)? Ye	es _	No
13. A. What will be your level of study during the 2024-25 academic y	ear? (Check only on	ne)		
Undergraduate Graduate (health professions	s) Medicin	e (not pre-med) and Pharmac	у	
B. Will this be your first term at this level?		Ye	es _	No
14. Did your parents/legal guardian provide 50% or more of your finar a tax dependent during the past year?	ncial support or claim	n you as Ye	es _	No
15. A. Do you wish to claim eligibility for VTAG based on your spouse	e's domicile?	Ye	es _	No
			_	Not Marrie
B. If "Yes," does your spouse provide over 50% of your financial supp	ort?	Ye	es _	No
16. Do any of the following characteristics apply to you? (Place a che	ck mark beside all th	nat apply)		
Age 24 or older as of the first day of the term in which you pla		Have legal dependents o	ther than	spouse
Veteran or active-duty member of the U.S. Armed Forces	_	Post-baccalaureate stude	ent	
Ward of the court or was a ward of the court until age 18	_	Both parents are decease legal guardians	ed, no add	optive or

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

SECTION B: Student Domicile Information

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 "Parent/ Legal Guardian/ Spouse" (boxed) areas in Sections B, C, and E. In response to Question 17, indicate whether you are providing your parent, legal guardian, or spouse's information in the boxed sections.

If you did 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 the parent/legal guardian from whom you received the most financial support. You may also choose to provide information about a 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
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For questions 18 - 22, you must answer question "B" if your response to question "A" is "No."

	Student	Parent/Legal Guardian/ Spouse
18 A. Have you been employed in Virginia in the past year?B. If "No," were you employed in:	Yes No Another State Not Employed	Yes No Another State Not Employed
C. If you answered "Not Employed" under "Student," what are your source(s) of financial support?		
19 A. Will (or did) you file a 2023 Virginia full- or part-year resident income tax form?	Yes No	Yes No
B. If "No," were taxes paid to:	Another State Did Not File	Another State Did Not File
20 A. Are you a registered voter in Virginia?B. If "No," are you registered to vote in:	YesNoAnother StateNot Registered	Yes No Another State Not Registered
21 A. Do you hold a valid Virginia driver's license?B. If "No," do you hold a license in:	Yes No Another State Not Licensed	Yes No Another State Not Licensed
22 A. Do you operate a motor vehicle registered in Virginia?B. If "No," are you registered to vote in:	Yes No Another State Do Not Own Or Operate	Yes No Another State Do Not Own Or Operate
23 A. Are you an active-duty member of the U.S. Armed Forces? B. If "Yes," does your military Leave and Earnings Statement (LES) reflect	Yes No Yes No	
Virginia withholding? Effective date of change to Virginia: / / Attach a copy of your most recent LES.		
24 A. Is your parent/legal guardian/spouse an active-duty member of the U.S. Armed B. If "Yes," does his or her military Leave and Earnings Statement (LES) reflect Vi Effective date of change to Virginia: / / Attach a copy of his or her most recent LES.		YesNo YesNo

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SECTION C: Parent/Legal	Guardian/So	use Informatio	n	
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 Perman	ent Resident?	Yes _	No	
If "no," some classifications and visas permit the person to permit domicile, see Addendum A of the Domicile Guidelin				h documents
28. Where has your parent/ legal guardian/ spouse lived in the last From (MM/DD/YY) To (MM/DD/YY) Street	two years? List c			ncluded. ZIP code
a/ to today				
b/ to/				
c/ to/				
SECTION D: Add	itional Inforr	mation		
29 A. Have you always resided in Virginia? Yes	_ No			
B. If "No," when did you most recently move to Virginia?/				
30. Student's Education History	DD YY			
School/College Name	State	Start Date (MM/YY)	End Date (MM	I/YY)
High School			/	
Undergraduate		/	/	
Undergraduate		/	/	
Graduate		/	/	
31. A. If you answered "No" to Question 29, did you move to Virgin Yes No	-	-	•	d college?
B. If "no," indicate reason for move:				
32. Indicate your enrollment plans: (Check one).				
Enroll for both semesters (fall and spring)	Enroll for only or	ne semester (check o	one): Spring	Fall
NOTE: Notify your financial aid officer if you are a dependent o domicile and they will determine if you are eligible for VTAG un				ng Virginia
SECTION E: Certification	ation and Sig	gnature(s)		
33. I certify that the information I have provided is true. I agree to furnish the this application, if requested to do so. I authorize the college to act as my fisc administration of this program, and to release requested financial aid and ade expressly for purposes of administration of this program. I agree to notify the changes. I agree to allow SCHEV to have access to my Department of Motor	cal agent for receipt mission information college or universit	of state funds; to act as to SCHEV and other V y (immediately) of any i	s SCHEV's agent f TAG participating in name or permanen	or the nstitutions
Signature of Applicant			Date	
				PRINT THIS FORM
Signature of Parent/ Legal Guardian/ Spouse Referenced in S	ection C Above		Date	
(If required to furnish parental or spousal information) Priority Application	Deadline: July 3	1. 2024		

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