

Arizona Department of Veterans' Services Tuition Waiver

The Tuition Waiver program provides eligible Veterans or surviving dependents with a tuition-free education (up to a Bachelor's degree) at any Arizona public state university or community college.

Eligibility

The four eligibility requirements of the Tuition Waiver, as outlined in ARS 15-1808, include:

- 1. Unremarried spouse and/or dependent child (up to age 30) of an Arizona National Guard member **OR** member of the United States Armed Forces who was a resident of the state of Arizona or stationed in Arizona **AND** who was killed in the line of duty.
- 2. A current member of the Arizona National Guard who received a Purple Heart Citation after 09/11/01.
- 3. A Veteran of the Arizona National Guard who was medically discharged due to an injury or disability suffered on duty.
- 4. A person who is a former member of the United States Armed Forces who received a Purple Heart **AND** was an Arizona resident or stationed in Arizona at the time of the injury that resulted in the Purple Heart **AND** has a VA disability rating of 50% or more.

For more information and to apply, contact the Arizona Department of Veterans' Services at: (602) 255-3373 or benefits@azdvs.gov www.azdvs.gov





Arizona Department of Veterans' Services Tuition Waiver Verification Form

		APPLICANT IN	FORMATION (PLEASE PRIN	NT OR TYPE)			
First:		Middle:	Middle:		Last:		
Full	Mailing Address (Must Curr	rently Reside in Arizona):					
	vialing Address (ividst carr	entry neside in Anzonaj.					
Date of Birth MM/DD/YYYY: Contact Nu		Contact Number:	Alt. Contact Num	Alt. Contact Number:		Email:	
Arizo	ona Public University or Cor	mmunity College Desiring to	Attend:				
Annl	icants must most all of	the eligibility criteria wi	ithin their tier and subm	it all applicable	documents	/I A IA/ ADC 15_1909	
Appi	icants must meet <u>an</u> or	the engionity criteria wi	itiliii tileli tiel alla sabili	пт ап аррпсавте	uocuments	[I.A.W. ANS 15-1808]	
	✓ Please check off each document submitted to accompany your application:					For Official Use Only	
✓	Please check	k off each document su	bmitted to accompany	your applicatio	n:	(Initials of verifier)	
Eligi		eterans who are or were		received a Purp	e Heart AND	is rated at least 50%:	
	DD 214 covering the time a Purple Heart was received						
	A copy of the Purple Heart Medal documentation						
	Verification of assignment to an Arizona unit or proof of Arizona residency during the time specified on						
	the Purple Heart Medal documentation						
Verification of at least a 50% disability as determined by the U.S. Department of Veterans Affairs							
Eligibility Tier 2 Applicant- Dependent of a Service Member killed in the line of duty: Relationship to the Deceased Service Member: Un-remarried Spouse Child/Stepchild							
К	elationship to the Decea		Un-remarried Spouse	Child/Step	cniia		
Check one>							
	Casualty Report showing death of the service member Marriage Certificate (If Dependent Spouse)						
	Birth Certificate/Adoption Records (If Dependent Child)						
Service Member's Death Certificate or Statement of Killed in Line of Duty Eligibility Tier 3 Applicant- Current Arizona National Guard Service Members:							
		mentation must show sta				e <i>)</i>	
	Verification of Arizona National Guard service – Recent orders, LES, Unit Statement of Service, etc.						
	A copy of the Purple Hea	art Medal documentation					
	Eligibility Tier 4 Applicant- Former Arizona National Guard Service Member:						
	Medical Discharge Docu	iments					
	Line of Duty Statement						
Mail completed application & documentation to:							
Arizona Department of Veterans' Services							
3839 N. 3 rd Street, Suite 209 Phoenix, AZ 85012-1570							
Or email to: benefits@azdvs.gov							
		J. 3.11411					

Verification completed on (For Official Use Only):