

KENTUCKY VETERAN DEPENDENT OR SPOUSE TUITION WAIVER

Office of Financial Aid
121 E. Second Street
Morehead, KY 40351
Phone 1-800-585-6781
Fax: 606-783-2293



SECTION ONE, TWO AND THREE MUST BE COMPLETED AND SUBMITTED TO THE OFFICE OF FINANCIAL AID **EACH SEMESTER** YOU INTEND TO USE THE KENTUCKY VETERAN DEPENDENT TUITION WAIVER (KRS 164.505 OR KRS 164.515) OR THE DEPENDENT OR SPOUSE TUITION WAIVER (KRS 164.507). YOUR TUITION WAIVER WILL NOT BE ADDED UNTIL THIS FORM HAS BEEN RECEIVED.

SECTION 1 – STUDENT INFORMATION

Name (printed) _____ ID#: _____
(Last) (First)

Address: _____
STREET CITY STATE ZIP

Phone Number: _____ Email: _____

SECTION 2 – WAIVER USAGE INFORMATION

Have you previously used the Kentucky Veteran Dependent tuition waiver? Yes No

Did you receive the tuition waiver at another institution? _____
Name of institution (do not include Morehead State University)

How many semesters did you use your waiver at other institution: _____

UNDER KRS 164.505: You have unrestricted use.

UNDER KRS 164.515 or KRS 164.507: When any of the following are met, you have used all benefits:

- 1) 45 months of receiving benefits
- 2) finish one degree, or
- 3) reach the age of 26. (There is no age limit for un-married widow or widower for KRS 164.507).

If you have questions about your tuition waiver eligibility please contact the *Kentucky Center for Veterans Affairs at (502) 595-4447*.

SECTION 3 – SEMESTER WAIVER REQUEST

I would like to request my tuition be waived at Morehead State University under KRS 164.505 or KRS 164.515 for the semester indicated below. Please complete a separate form for each semester.

CHOOSE ONLY ONE PER FORM:

- Fall
 Spring
 Summer
 Winter

Number of credit hours enrolled for this term: _____

Signature _____
We cannot accept electronic/font signatures

Date _____

If you have questions about your Kentucky Veteran Dependent or Spouse Tuition Waiver at Morehead State University, please contact the Office of Financial aid attention Tasha Purvis at t.purvis@moreheadstate.edu.

FOR OFFICE USE ONLY:

Tuition Charges: \$ _____ CERTIFIED FORM: ATSR: Initial: _____ Date: _____