NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY (NCSEAA)

APPLICATION FOR THE

NORTH CAROLINA LEGISLATIVE TUITION GRANT (NCLTG)*

2008-2009 ACADEMIC YEAR

Read information on back before completing this form. Submit completed form to authorized educational official.

"X" CORRECT BOXES

* The institution may elect to use this form to determine residency for the State Contractual Scholarship Fund program

1. Name

Last Name    First Name    Middle Name

2. Permanent Residential Address (P O Box # Cannot Be Used)

Use Street Address or Route Number    City or Town    State    Zip Code    County

3. Home Telephone Number w/Area Code    Social Security Number

   _    _    _    _    _

4. Birth Date (mm/dd/yy)

   _    _ / _ / _

5. Name and Address of High School (HS) from which you graduated

   High School    City    State

6. Year Graduated From HS

   __________

7. Parents or Legal Guardian Current Permanent Address (Street or R.F.D., City, State)

If guardian, date of appointment ________________

8. (a) Are you a citizen of the U. S.?    Yes    No

   (b) If No, do you possess an Alien Registration Receipt Card (Form I-551)?    Yes    No

   (c) If No, what type of Visa do you hold?__________________________________________

9. Are you, your spouse or one of your parents a member of the Armed Forces?    Yes    No

   If Yes, identify relationship:    Self    Parent    Spouse

   If Yes, is the individual on:    Active Duty    Nat'l Guard    Reserves    Retired

10. Length of Time Parents or Legal Guardian at Current Permanent Address    _______ Yrs.    _______ Mos.

11. Are you, your spouse or one of your parents a member of the Armed Forces?    Yes    No

   If Yes, identify relationship:    Self    Parent    Spouse

   If Yes, is the individual on:    Active Duty    Nat'l Guard    Reserves    Retired

12. (a) As of the first day of class of this School Term, how long you have been a legal NC resident?    _____ Yrs.    _____ Mos.

   (b) Date you became a legal NC Resident (mm/dd/yy) ________________

   If you have been a resident in NC for less than 2 years, you are required to complete item 12 (c) giving accurate and appropriate information. You may submit a separate letter explaining any special circumstances to your institution. After reviewing this form, your institution may require more information to determine your residency.

   (c) Where (which state) and when (year) did you complete the following activities during the past three years?

   FILED STATE TAX    PAID VEHICLE/ AS RESIDENT    PROPERTY TAX    REGISTER TO    DRIVER'S LICENSE

   ST/Yr - ST/Yr - ST/Yr    ST/Yr - ST/Yr - ST/Yr    ST/Yr - ST/Yr    ST/Yr - ST/Yr    ST/Yr

   1. YOU:    __________________________    __________________________    ____________ New    ____________ Renewed

   2. PARENT:    __________________________    __________________________    ____________ New    ____________ Renewed

   3. GUARDIAN:    __________________________    __________________________    ____________ New    ____________ Renewed

   4. SPOUSE:    __________________________    __________________________    ____________ New    ____________ Renewed

13. As of the first day of class of this School Term, I will be enrolled and classified as a: (X one)

   [ ] Full-Time undergraduate degree seeking student enrolled for at least 12 hours of credit or the equivalent

   [ ] Part-Time undergraduate degree seeking student enrolled for less than 12 hours of credit or the equivalent

   [ ] Full or Part-Time student seeking a first-time teacher or nursing license

14. Do you have a previous undergraduate degree?    Yes    No    If yes, is it    Associate    Baccalaureate

   If yes, from what institution? ____________________________

Any questions concerning this form should be directed to the office that provided this form at your institution.
APPLICATION FOR NCLTG

Name

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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15. Selective Service Registration ("X" all applicable blocks)

(a) I certify that I am registered with the Selective Service.

(b) I certify that I am not required to be registered with the Selective Service because:
   ☐ I am a female.
   ☐ I have not reached my 18th birthday.
   ☐ I am 26 years old or older.
   ☐ I am in the military on active duty. (Note: Members of the Reserves and National Guard are not considered to be on active duty.)

STUDENT CERTIFICATION

I hereby swear (or affirm) that the information I have given on this application is true, complete and correct and that to the best of my knowledge and belief I am eligible to be considered for a NCLTG and/or State Contractual Scholarship Fund (SCSF) grants as defined under NC statutes and NCLTG and/or SCSF Rules. I authorize the school to provide to NCSEAA the information provided on this application to verify my eligibility to receive an NCLTG and/or SCSF grant for the academic period stated. I understand that my Social Security Number will be used in the record system of NCSEAA only as an identifying number. I also understand that it is my responsibility to complete an Application for NCLTG for each year that I expect to receive an award before the deadline.

Student's Signature Date

STUDENT SHOULD NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY EDUCATIONAL INSTITUTION

SCHOOL CERTIFICATION

I hereby certify that the information contained in this statement is true, complete and correct to the best of my knowledge and belief according to the records of this institution. I also hereby certify that I have properly evaluated this application regarding residency for each school term applied for by the student applicant. Based upon information provided by the student applicant, I attest to the eligibility or continued eligibility of the student applicant in accordance with NC statutes and rules governing the NCLTG and/or SCSF programs as administered by the NCSEAA.

Signature of Authorized Official Name of School

Title of Authorized Official Date

ELIGIBILITY

To qualify for a NCLTG award, an undergraduate Eligible Student must:

1. be a resident of NC for the purposes of tuition payment under the Residence Manual of The University of North Carolina (UNC),
2. be enrolled full-time or part-time as an undergraduate student in a eligible program as defined in G.S. 116-22(1),
3. be certified as eligible to the Authority by an approved institution, and
4. have not received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is career preparation for a religious vocation.

To qualify for a NCLTG award, a student seeking a first-time license in teaching or nursing must:

1. have received a baccalaureate degree and be a resident of NC for the purposes of tuition payment under the Residence Manual of UNC,
2. be enrolled full-time or part-time in a program intended to result in licensure as a teacher or a nurse,
3. be certified as eligible to the Authority by an approved institution, and
4. have complied with the registration requirements of the Military Service Act.

To qualify for a SCSF award, an undergraduate Eligible Student must:

1. be a resident of NC for the purposes of tuition payment under the terms and conditions of the Residence Manual of UNC,
2. be enrolled at least part-time as an undergraduate student in a eligible program as defined in G.S. 116-22(1),
3. be certified as eligible to the Authority by an approved institution,
4. have not received or qualified for a bachelor's degree nor be enrolled in a program of study the objective of which is career preparation for a religious vocation, and
5. be determined by the institution to have financial need, completed Selective Service registration requirements and not be in default or owe a refund under any program authorized by Title IV of the Higher Education Act of 1965.

To qualify for a SCSF award, a student seeking a first-time license in teaching or nursing must:

1. have received a baccalaureate degree and be a resident of NC for the purposes of tuition payment under the Residence Manual of UNC,
2. be enrolled full-time or part-time student in a program intended to result in licensure as a teacher or a nurse,
3. be certified as eligible to the Authority by an approved institution, and
4. be determined by the institution to have financial need, completed Selective Service registration requirements and not be in default or owe a refund under any program authorized by Title IV of the Higher Education Act of 1965.

Any questions concerning this form should be directed to the office that provided this form at your institution.

COMPLETED FORM TO BE RETURNED TO AND RETAINED BY YOUR EDUCATIONAL INSTITUTION. DO NOT SEND FORM TO NCSEAA.

SEAA FORM NCLTG 1/08