MILITARY FAMILY MEMBER TUITION REDUCTION APPLICATION

TO BE COMPLETED BY FAMILY MEMBER FOR EACH ACADEMIC TERM OF ENROLLMENT DURING THE FIRST 3 WEEKS OF EACH TERM (Please Print)

FAMILY MEMBER NAME ___________________________________________ Last __________ First __________

STUDENT ID # _______________________

**PLEASE PROVIDE/ATTACH PROOF OF ELIGIBILITY:**

To receive the Family Member Discount, the student must be a spouse or dependent of an active servicemember in the U.S. Military and submit documentation during the first trimester of enrollment and on an annual basis thereafter. Acceptable means of verification include:

**SPouse:**
- Servicemember’s military document (only one form of verification required):
  - Copy of DD-214
  - Military Orders
  - Military Leave and Earnings Statement (LES)
  - Verification letter from the military member’s command reflecting status

**DEPENDENT:**
- Copy of servicemember’s most recent IRS Tax Transcript indicating student’s status as a dependent. You can request tax transcripts by calling 1.800.908.9946 or online at www.irs.gov
  
  AND
- Servicemember’s military document (only one form of verification required):
  - Copy of DD-214
  - Military Orders
  - Military Leave and Earnings Statement (LES)
  - Verification letter from the military member’s command reflecting status

ACTIVE MILITARY SPOUSE OR PARENT NAME ____________________________

BRANCH OF SERVICE ________________________________ STATUS: ☐ Active Duty ☐ National Guard ☐ Reserve

I AM USING VA BENEFITS: ☐ YES ☐ NO

TERM ________________ YEAR ________________ TYPE OF COURSE: ☐ Undergraduate ☐ Graduate

**IMPORTANT: If you are planning to apply for Financial Aid, you must complete a Declaration of Outside Tuition Assistance Form.**

Go to http://www.franklin.edu/go/finaid to download the form.

**A copy of the servicemember’s separation/retirement orders must accompany this application to continue receiving benefits upon departure from Active Duty, Guard or Reserve status for one additional trimester.**

Recipients of this tuition benefit are not eligible to apply for or to receive any additional tuition reduction administered by Franklin University.

Dishonest Conduct

By signing the following form, the student is providing the most recent information to the best of their knowledge and any falsification of document will result in disciplinary sanctions including, but not limited to, probation, suspension, dismissal or restitution.

SIGNATURE OF STUDENT ___________________________ DATE ________________

APPLICATION MUST BE RETURNED WITH A PROOF OF ELIGIBILITY TO THE BUSINESS OFFICE DURING THE FIRST 3 WEEKS OF EACH TERM

TO BE COMPLETED BY FRANKLIN UNIVERSITY BUSINESS OFFICE

COST OF UNDERGRADUATE TUITION ____________ X 15% = WAIVER AMOUNT ____________

COST OF GRADUATE TUITION ____________ X 10% = WAIVER AMOUNT ____________

PROCESSED BY ___________________________ DATE ________________ APPROVED ☐ YES ☐ NO