

Veteran's Dependent Tuition Waiver Application

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See www.ohsu.edu/education/veterans-dependent-tuition-waiver for instructions and eligibility criteria. Student Name (First, middle, last): OHSU ID: Date of Birth: Phone: _____ Email address: ____ Degree I am seeking at OHSU: ☐ B.S., major in Nursing ☐ B.S., Radiation Therapy ☐ Master's degree in **Veteran Information** Veteran's Name (First, middle, last): _____ Student relationship to veteran: ☐ child/adopted child/stepchild ☐ spouse ☐ surviving spouse ☐ I am a qualified child, stepchild, or adopted child of a Purple Heart recipient, alive or deceased, who was relieved or discharged from service in the Armed Forces of the United States with either an honorable discharge or a general discharge under honorable conditions and was awarded the Purple Heart in 2001 or thereafter for wounds received in combat. I have attached: ☐ A copy of the Purple Heart Medal documentation; OR ☐ A DD214 with Purple Heart listed in section 13 for record of service on or after 2001 ☐ I am a qualified dependent (child, spouse, or unmarried surviving spouse) of a member of the United States Armed Forces who died while on active duty, died as a result of a service-connected disability, or is 100% disabled as the result of a military service connected disability as certified by the Department of Veteran's Affairs or any branch of the Armed Forces of the United States. I have attached: ☐ A DEA Certificate of Eligibility; OR ☐ A Veteran Sponsor's Disability Letter with 100% rating I certify that all information provided on this form is true and correct to the best of my knowledge. If I am eligible to receive a tuition waiver through this program, I understand that I am responsible for any and all applicable fees required for attending classes at Oregon Health & Science University. I also understand that the amount of tuition waived may be reduced by the amount of any federal aid scholarships or grants, awards from the Oregon Opportunity Grant program established under ORS 348.205, or any other aid. Student/Applicant Signature Date

Return this form to veterancert@ohsu.edu