



Office of the Registrar
 3181 SW Sam Jackson Park Rd. L109
 Portland, OR 97239
 Phone: 503-494-7800
 Fax: 503-494-4629
 Email: regohsu@ohsu.edu

Veteran's Dependent Tuition Waiver Eligibility and Instructions

Admissions	The student must be admitted to an eligible degree program at Oregon Health & Science University. Eligible degree programs are generally bachelor's degrees and some master's degrees (see criteria for more information.)					
Criteria	<p>In order to be eligible, students must be admitted on or after September 15th, 2013 and meet one of two sets of criteria:</p> <ol style="list-style-type: none"> 1. The student must be a child (includes adopted children and stepchildren) 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. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. The child¹ (includes adopted children and stepchildren), spouse, or unmarried surviving spouse of a member of the United States Armed Forces who: <ol style="list-style-type: none"> a. Died while on active duty, or b. Died as a result of a military service connected disability, or c. Is 100% disabled as a result of a military service connected disability as certified by the Department of Veterans' Affairs or any branch of the Armed Forces of the United States. <p>¹An eligible child must be 23 years of age or younger at the time the child applies for the waiver. (OHSU may consider applications from students above 23 years of age if they are transferring in from another institution at which they are using the benefit.)</p> <p>A child who is older than 23 years of age is eligible for a waiver for a master's degree program if the child:</p> <ol style="list-style-type: none"> 1. Applied for an received a waiver for a baccalaureate degree when the child was 23 years of age or younger, and 2. Applied for a master's program waiver within 12 months of receiving a baccalaureate degree. 					
Residency	The student must meet Oregon Residency requirements as stipulated in the Oregon Health & Science University Residency Policy 02-10-010 .					
Deadline	The application form is due to the OHSU Office of the Registrar no later than the first day of the term for which the waiver is being sought.					
Submission	<p>Send the completed application form and supporting documentation to the Office of the Registrar at:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Office of the Registrar L109 3181 SW Sam Jackson Park Rd Portland, OR 97239</td> <td style="width: 10%; text-align: center; padding: 5px;">OR</td> <td style="width: 40%; padding: 5px;">503-494-4629 fax regohsu@ohsu.edu email</td> </tr> </table>			Office of the Registrar L109 3181 SW Sam Jackson Park Rd Portland, OR 97239	OR	503-494-4629 fax regohsu@ohsu.edu email
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Veteran’s Dependent Tuition Waiver Application

Student/Applicant Name (First, middle, last): _____

Student/Applicant ID: _____ Date of Birth: _____

Phone: _____ Email address: _____

My degree program is (check one): a baccalaureate degree a master’s degree

Student’s Relationship to Veteran (Spouse, Surviving Spouse, or Child): _____

- I am a qualified dependent (child, spouse, or un-remarried surviving spouse) of an active duty military service veteran as defined in ORS 351.656, who died while on active duty OR 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 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 documentation from the V.A. or appropriate military branch showing proof of my eligibility (required.)**

Veteran’s Name (First, middle, last): _____

I certify that all information provided on this form is true and correct to the best of my knowledge. I agree to provide proof of eligibility to verify my dependent status at the time of application. 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. I hereby give permission for my information to be used for Oregon Health & Science University public reporting purposes.

Student/Applicant Signature

Date