

Clayton State University

Application for Waiver of Mandatory Fees

Veteran or active members of the Georgia National Guard stationed/assigned to Georgia or active members of a unit of the U.S. Military Reserves based in Georgia can be considered for this waiver.

Name: _____ Laker ID: _____

Student e-mail: _____

Phone Number: _____

Please check current status:

A. ___ Veteran (no longer active) in the US Military Reserves or Georgia National Guard

Check all the apply (you must meet 3 of the listed criteria below)

___ I am a Georgia resident, **AND**

___ I am a veteran of the Reserves or Georgia National Guard, **AND**

___ I received full disability as a result of injuries suffered in combat on or after 9/11/2001, **OR**

___ I was evacuated from a combat zone due to severe injuries suffered while on active service.

Required Documentation: (Must be submitted with application)

- DD214, **OR**
- Other official DOD documentation that specifies you have served in a combat zone for the appropriate amount of time and/or that you receive full disability

B. ___ Active Duty-US Military Reserve or Georgia National Guard

___ I am a Georgia resident, **AND**

___ I am an active member of the US Military Reserve or Georgia National Guard for at least 90 consecutive days on or after 9/11/2001, **OR**

___ I served in a designated combat zone designated by the U.S. Department of Defense on or after September 11, 2001.

Required Documentation: (Must be submitted with application)

- Letter or form verifying active duty status, **OR**
- Copy of Enlisted Record Brief (ERB) or Officer Record Brief (ORB), **OR**
- Career record

I understand that any material false statement made knowingly and willingly by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. I understand that approval of this waiver may cause an adjustment in any financial aid that I may qualify to receive. I will submit copies, not original documents.

Student Signature _____ Date _____

Veterans Resource Coordinator Signature _____ Date: _____

RETURN THIS FROM TO THE IN PERSON TO THE VETERANS RESOURCE COORDINAOTR IN EDGEWATER HALL,
ROOM 115 OR BY EMAIL TO VETERANSRESOURCECENTER@CLAYTON.EDU

Date Received: _____ Date Approved: _____ Expiration of waiver: _____