

VACA Nonresident Tuition Exemption Form (AB 13 of 2014)

In compliance with Section 68075.5© of the California Education code, Folsom Lake College will grant a full exemption from nonresident tuition to all students verified to be “covered individuals” that qualify to use the Montgomery GI Bill-Active Duty or Post 9/11 GI Bill education benefits (Chapter 30 and 33, respectively), of Title 38, U.S. Code) **while living in California.**

Eligibility for VACA Nonresident Tuition Exemption:

- Must be a “covered individual” as defined in the Veterans Access, choice, and Accountability Act (VACA). See bottom of this form for a definition.
- Must start attending classes at FLC within three years of discharge from a period of active duty service of 90 days or more.
- **Must provide evidence of eligibility for VA education benefits by providing a “Certificate of Eligibility” issued by the Veterans Administration,** confirming the approved education benefits for the veteran student or eligible dependent.
- Eligible spouse or dependent must provide a copy of the Transfer of Entitlement approval form.
- **Must provide a copy of form DD-214,** Certificate of Release of Discharge from Active Duty.
- **Must provide evidence of living in California** (copy of California ID or Driver’s License-may be an official DMV printout).

Please return this completed form to the Admissions & Records office with the appropriate documentation.

NAME _____ STUDENT ID # _____

CONTACT PHONE # _____ LOS RIOS GMAIL: _____ @apps.losrios.edu

I hereby request a VACA Nonresident Tuition Exemption on the basis of my eligibility or the transfer of eligibility of my parent/spouse. I certify under penalty of perjury that all information and documentation provided in support of my request is legitimate and accurate. I also understand that if granted this exemption, it will be limited to my exemption from nonresident tuition and the capital outlay fee. I further acknowledge that in receiving this exemption, I will not be granted California residency. It is my responsibility to request reclassification to California Residency once I meet the eligibility requirements as noted on the FLC admissions & records office website (<http://www.flc.losrios.edu/student-services/admissions-and-records/admissions-information>).

Student Signature _____ Date _____

Definition of a “Covered Individual”:

According to the Veterans Access, Choice, and Accountability Act (VACA H.R. 3230), a “covered individual” is defined as:

1. A Veteran who lives in the state in which the institution of higher learning is located (regardless of his/her formal state of residence) and enrolls in the school within three years of discharge from a period of active duty service of 90 days or more.
2. A spouse or child entitled to transferred education benefits who lives in the state in which the institution of higher learning is located (regardless of his/her formal state of residence) and enrolls in the school within 3 years of the transferor’s discharge from a period of active duty service of 90 days or more.
3. A spouse or child using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (provides Post 9/11 GI Bill benefits to the children and surviving spouses of service members who died in the line of duty while on active duty) who lives in the state in which the institution of higher learning is located (regardless of his/her formal state of residency) and enrolls in the school within three years of the Service member’s death in the line of duty following a period of active duty service of 90 days or more.
4. After expiration of the three year period following discharge or death as described in 38 U.S.C. 3679(c), a student who initially qualifies under the applicable requirements above will maintain “covered individual” status as long as he or she remains continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at the institution, even if they enroll in multiple programs and shall continue to be exempt from paying nonresident tuition and other fees.

► FOR OFFICE USE ONLY:		Authorized by / Date:
Covered Individual Status:	Verification:	
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Child	<input type="checkbox"/> CA ID/DL <input type="checkbox"/> Certificate of Eligibility <input type="checkbox"/> DD-214 <input type="checkbox"/> Transfer of Entitlement	
Dates: Discharge _____ VACA Eligible _____ VACA Expiration _____		