

University of Montana-*WESTERN*

HONORABLY DISCHARGED VETERAN/MHD Tuition WAIVER APPLICATION

Qualifications:

Honorably Discharged Veterans have been granted MHD Fee Waivers by the Montana Board of Regents. You may qualify if:

- ✗ You have been a bonafide resident of the State of Montana upon enrolling at U of M-*WESTERN* and
 - ✗ You have received an Honorable Discharge and
 - ✗ You have at one time qualified for Veteran's Benefits under Title 38 of the U.S. Code, but are no longer eligible and
 - ✗ You served during a time of war as determined by the Attorney General (WWII: 12-07-41 to 12-03-46, Korean War: 06-22-50 to 01-31-55, Vietnam War: 01-01-64 to 05-07-75, and/or on location during either the Lebanon, Grenada-Panama Or Persian Gulf Conflicts).
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Limitations:

A MHD Fee Waiver DOES NOT waive tuition only, not fees. All fees are the student's responsibility. The MHD Waiver may not be used with other state waivers. All other fees are your responsibility. Waivers will continue as long as you maintain satisfactory academic progress according to the standards provided in the Satisfactory Progress Policy. A copy of this policy is available in the Financial Aid Office.

Application: (REQUIRED EACH ACADEMIC YEAR)

According to the above policies, I request consideration for the MHD Fee Waiver. (PLEASE MARK THE APPROPRIATE CATEGORY)

- _____ 1. I have not received the MHD Waiver at the University of Montana-*WESTERN* within the last five years and I have attached the following documentation: a copy of my DD214 and a letter from the Veteran's Administration stating my benefits have expired.
- _____ 2. I have provided the necessary documentation within the last five years with the University of Montana-*WESTERN* and would like to continue receiving the waiver.
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Enrollment Information:

I will be attending the University of Montana-*WESTERN* for the following terms:

SUMMER _____ **FALL** _____ **SPRING** _____ **ACADEMIC YEAR** _____

NAME: _____ **DATE:** _____

SIGNATURE: _____ **SSN:** _____

ADDRESS: _____

_____ **PHONE:** _____
