Student's Name (please print) _____ College-Issued Student ID Number _____

2027-28 TUITION ASSISTANCE GRANT PROGRAM APPLICATION

— IMPORTANT INFORMATION FOR STUDENTS AND PARENTS —

This document contains important information for all students participating in the Virginia Tuition Assistance Grant (VTAG) program administered by the institutions and the State Council of Higher Education for Virginia (SCHEV). It also provides details on the eligibility requirements, application deadlines, and criteria for award distributions. Please read this document carefully.

BACKGROUND INFORMATION

The Commonwealth of Virginia provides VTAG as a non need-based grant for Virginia residents attending a participating Virginia private college or university. While the maximum award is authorized each biennium, the amount is not guaranteed and can vary annually. The amount of each academic year's award is determined by the available funding and the total number of eligible applicants. If funding is insufficient to fully award all students, it is possible that the spring award will be adjusted and some students will receive no award. The college financial aid office will have the most current information about the expected maximum award. See below for the categories and prioritization of awards.

ELIGIBILITY REQUIREMENTS

Students must meet all the eligibility requirements set forth by the General Assembly, Sections 23.1-628 through 635 of the Code of Virginia and in the VTAG regulations, 8 VAC 40-71. **All requirements are not specified in this application**. The basic eligibility requirements are:

- Domiciled resident of Virginia for at least one year prior to receiving VTAG or a dependent of eligible military personnel.
- Enrolled as a full-time student at an eligible institution in an eligible degree program.
  [For specifics on "full-time" or "eligible degree program," please contact your institution's financial aid office.]
- A completed VTAG application submitted to your institution's financial aid office.

APPLICATION DEADLINES AND AWARD DISTRIBUTION CRITERIA

Conditions for reduction of the award amount and eligibility are described in program regulations. If funds are not sufficient to make full VTAG awards to all eligible students, a priority system is used to determine the size of the awards. Students in the first categories must receive full funding before subsequent categories can be considered; however, categories 1 and 2 are combined and will receive the same award amount.

Priority System:

- **Category 1:** Returning students who received a VTAG award in the previous fiscal year. This category includes transfer students who received a VTAG award in the previous fiscal year at another institution.
- **Category 2:** New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program by **September 15, 2027.** This category also includes returning and transfer students determined to be eligible in the previous fiscal year, but not awarded.
- **Category 3:** New and re-admit students who are eligible for fall or fall and spring term awards and who apply for the VTAG program between and including **September 16 and October 1, 2027**.
- **Category 4:** All students eligible for spring term awards only (except those who received the award in the previous fiscal year), and who apply by **December 1, 2027**.

After the March verification of actual spring term enrollments, SCHEV will determine the final award amounts for category 1 and 2 applicants. If necessary, the spring amount will be adjusted. Awards, if any, for category 3 and 4 applicants cannot be determined until mid-spring.

ADDITIONAL INFORMATION

Total support cannot exceed two years for an associate program, no more than four years for undergraduate programs, and no more than three years for all post-undergraduate programs except for medicine and pharmacy, which allow a maximum of four years. Recipients of the awards have the responsibility to notify, in writing, the institutions they attend of any name or permanent address changes.

The institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisions or reviewing appeals; any information requested for these items is for statistical purposes only.

****** If you have further questions regarding VTAG, please contact your institution's financial aid office. ******

COLLEGES AND UNIVERSITIES APPROVED FOR PARTICIPATION

Appalachian College of Pharmacy
Averett University
Batten University
Bluefield College
Bridgewater College
Christendom College
Eastern Mennonite University
Edward Via Virginia College of Osteopathic Medicine
Emory & Henry University
Ferrum College
George Washington University (VA campus only)
Hampden-Sydney College
Hampton University
Hollins University
Liberty University
Mary Baldwin University
Marymount University
Randolph College
Randolph-Macon College
Regent University
Roanoke College
Shenandoah University
Southern Virginia University
Sweet Briar College
University of Lynchburg
University of Richmond
Virginia Union University
Washington & Lee University

Graduate Students: As of July 1, 2009, only students enrolled in graduate programs in the health professions – as certified by a 51 series CIP code – are eligible to receive VTAG.

Virginia Tuition Assistance Grant Application

Priority Application Deadline: **September 15, 2027**

Print and submit the completed VTAG application to your institution's financial aid office.

SECTION A: Student Information

Please type or print in ink. Be sure to read all directions carefully. THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED UNLESS ALL PAGES ARE COMPLETED, AND THE APPLICATION IS SIGNED AND DATED.

1. Name: _____ _____ _____
Last *First* *Middle Initial*

2. Social Security Number: XXX -XX - ____ ____ ____ ____ **3.** Date of Birth: _____ / _____/ _____

4. Sex: M ☐ F ☐ **5 A.** Phone: (_____) _____- _____ **5 B.** Email: _____

6. Permanent address: _____
[NO P.O. BOX] *Street* *City* *State* *ZIP code*

7. Where have you lived in the last two years? List current address first. **Dates must be included.**

	From (MM/DD/YY)	*To (MM/DD/YY)*	*Street*	*City*	*State*	*ZIP code*
a.	____ / ____ / ____	**to today**	_____	_____	___	_____
b.	____ / ____ / ____	to ____ / ____ / ____	_____	_____	___	_____
c.	____ / ____ / ____	to ____ / ____ / ____	_____	_____	___	_____

8. Are you a United States Citizen or Permanent Resident? ☐ Yes ☐ No
If "No," attach a copy of your INS documentation to this application, indicating your classification and expiration date.

9. Have you received a VTAG award before? ☐ Yes/Maybe ☐ No
If "Yes," in what year(s) did you receive the award? _____
At which institution(s)? _____

10. By August 2027, will you have earned a baccalaureate degree (i.e., B.A., B.S., etc.)? ☐ Yes ☐ No

11. By August 2027, will you have earned a post-baccalaureate degree (i.e., M.A., J.D., etc.)? ☐ Yes ☐ No

12. A. What will be your level of study during the 2027-28 academic year? (Check only one)
☐ Undergraduate ☐ Graduate (health professions) ☐ Medicine (not pre-med) and Pharmacy

B. Will this be your first term at this level? ☐ Yes ☐ No

13. Did your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent during the past year? ☐ Yes ☐ No

14. A. Do you wish to claim eligibility for VTAG based on your spouse's domicile? ☐ Yes ☐ No ☐ Not Married

B. If "Yes," does your spouse provide over 50% of your financial support? ☐ Yes ☐ No

15. Do any of the following characteristics apply to you? (Place a check mark beside all that apply)

☐ Age 24 or older as of the first day of the term in which you plan to enroll
☐ Veteran or active-duty member of the U.S. Armed Forces
☐ Ward of the court or was a ward of the court until age 18
☐ Have legal dependents other than spouse
☐ Post-baccalaureate student
☐ Both parents are deceased, no adoptive or legal guardians

Completed Applications Should Be Submitted To Your Institution's Financial Aid Office.

SECTION B: Domicile Information

If you did not check any of the characteristics in Question 15, or if you answered "Yes" to Question 14 B, complete both the "Student" (unboxed) and "Parent/Legal Guardian/Spouse" (boxed) areas in Sections B, C, and E. In response to **Question 16**, indicate whether you are providing your parent, legal guardian, or spouse's information in the boxed sections.

If you did check any of the characteristics in Question 15, complete only the "Student" (unboxed) areas of this application.

IMPORTANT: If you complete the portion of this application that is boxed with parental information, answer the questions based on the parent/legal guardian from whom you received the most financial support. You may also choose to provide information about a spouse. That person also must sign and date this application.

16. You are completing the boxed areas for your: (Check only one) ☐ Father ☐ Mother ☐ Legal Guardian ☐ Spouse

For questions 17 - 21, you must answer question "B" if your response to question "A" is "No."

	Student	Parent/Legal Guardian/ Spouse
17. A. Have you been employed in Virginia in the past year?	☐ Yes ☐ No	☐ Yes ☐ No
B. If "No," were you employed in:	☐ Another State ☐ Not Employed	☐ Another State ☐ Not Employed
C. If you answered "Not Employed" under "Student," what are your source(s) of financial support?		
18. A. Will (or did) you file a 2026 Virginia full- or part-year resident income tax?	☐ Yes ☐ No	☐ Yes ☐ No
B. If "No," were taxes paid to:	☐ Another State ☐ Did Not File	☐ Another State ☐ Did Not File
19. A. Are you a registered voter in Virginia?	☐ Yes ☐ No	☐ Yes ☐ No
B. If "No," are you registered to vote in:	☐ Another State ☐ Not Registered	☐ Another State ☐ Not Registered
20. A. Do you hold a valid Virginia driver's license?	☐ Yes ☐ No	☐ Yes ☐ No
B. If "No," do you hold a license in:	☐ Another State ☐ Not Licensed	☐ Another State ☐ Not Licensed
21. A. Do you operate a motor vehicle registered in Virginia?	☐ Yes ☐ No	☐ Yes ☐ No
B. If "No," is it registered in:	☐ Another State ☐ Do Not Own or Operate	☐ Another State ☐ Do Not Own or Operate
22. A. Are you an active-duty member of the U.S. Armed Forces?	☐ Yes ☐ No	
B. If "Yes," does your military Leave and Earnings Statement (LES) reflect Virginia withholding?	☐ Yes ☐ No	
Effective date of change to Virginia: ____ / ____ / ____ ***Attach a copy of your most recent LES.***		
23. A. Is your parent/legal guardian/spouse an active-duty member of the U.S. Armed Forces?		☐ Yes ☐ No
B. If "Yes," does his or her military Leave and Earnings Statement (LES) reflect Virginia withholding?		☐ Yes ☐ No
Effective date of change to Virginia: ____ / ____ / ____ ***Attach a copy of his or her most recent LES.***		

Completed Applications Should Be Submitted To Your Institution's Financial Aid Office.

SECTION C: Parent/Legal Guardian/Spouse Information

24. Name of parent/legal guardian/spouse:
(Based on your answer to Question 16)

_____
Last *First* *Middle Initial*

25. Parent /legal guardian or spouse's telephone numbers

Work: (_____) _____ - _____ Home: (_____) _____ - _____

26. Is your parent/legal guardian/spouse a U.S. Citizen or Permanent Resident? ☐ Yes ☐ No

If "No," some classifications and visas permit the person to establish domicile. For more information on which documents permit domicile, see Addendum A of the Domicile Guidelines. Attach copy of this INS documentation.

27. Where has your parent/legal guardian/spouse lived in the last two years? List current address first. **Dates must be included.**

	From (MM/DD/YY)	*To (MM/DD/YY)*	*Street*	*City*	*State*	*ZIP code*
a.	____ / ____ / ____	**to today**	_____	_____	_____	_____
b.	____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____
c.	____ / ____ / ____	to ____ / ____ / ____	_____	_____	_____	_____

SECTION D: Additional Information

28. A. Have you always resided in Virginia? ☐ Yes ☐ No

B. If "No," when did you most recently move to Virginia? _____ / _____ / _____
MM DD YY

29. Student's Education History

	School/College Name	**State**	**Start Date (MM/YY)**	**End Date (MM/YY)**
High School	_____	_____	____ / ____	____ / ___
Undergraduate	_____	_____	____ / ____	____ / ____
Undergraduate	_____	_____	____ / ____	____ / ____
Graduate	_____	_____	____ / ____	____ / ____

30. A. If you answered "No" to **Question 28**, did you move to Virginia in order for you or a member of your family to attend college?
☐ Yes ☐ No

B. If "No," indicate reason for move: _____

31. Indicate your enrollment plans: (Check one).

☐ Enroll for both semesters (fall and spring) Enroll for only one semester (check one): Spring ☐ Fall ☐

NOTE: Notify your financial aid officer if you are a dependent of an active-duty military member who is not claiming Virginia domicile and they will determine if you are eligible for VTAG under the military dependent provision.

SECTION E: Certification and Signature(s)

32. I certify that the information I have provided is true. I agree to furnish the college or university and SCHEV with supporting documentation related to this application, if requested to do so. I authorize the college to act as my fiscal agent for receipt of state funds; to act as SCHEV's agent for the administration of this program, and to release requested financial aid and admission information to SCHEV and other VTAG participating institutions expressly for purposes of administration of this program. I agree to notify the college or university (immediately) of any name or permanent address changes. I agree to allow SCHEV to have access to my Department of Motor Vehicle and Department of Taxation records.

_____ ____ ____ ____
Signature of Applicant Date

PRINT THIS FORM

_____ ____ ____ ____
Signature of Parent/Legal Guardian/Spouse Referenced in Section C Above Date
(If required to furnish parental or spousal information)

Priority Application Deadline: September 15, 2027

Completed Applications Should Be Submitted To Your Institution's Financial Aid Office.