



**TUITION REDUCTION FOR CHILDREN OR SPOUSE  
OF A DISABLED/DECEASED/MIA/POW VETERAN  
(UNDERGRADUATE/GRADUATE/PROFESSIONAL STUDENTS)**

**ELIGIBILITY:** You are eligible to receive a waiver of all tuition and fees if your parent or spouse was an eligible veteran or national guard member who 1) became totally disabled as defined in RCW 28B.15.385; or 2) who lost his or her life while engaged in active federal military or naval service; or 3) who is determined by the federal government to be a prisoner of war or missing in action.

**CONDITIONS:** The child must be a Washington resident between the age of seventeen and twenty-six to be eligible for this waiver. A child's marital status does not affect eligibility. A surviving spouse must be a Washington resident. A surviving spouse has ten years from the date of the death, total disability, or federal determination of prisoner of war or missing in action status of the eligible veteran to receive this benefit. Upon remarriage, the surviving spouse is ineligible for the waiver of all tuition and fees. Waivers will not be awarded to students participating in fee-based courses or programs. If your qualifying parent or spouse is totally disabled, he or she must not have any earned income indicated on a federal tax return.

**PROCEDURES:** Complete the application section below and attach a copy of your parent's or spouse's DD-214 or other supporting documentation showing their qualifying service, proof of death or disability while engaged in active federal military or naval service, a copy of your birth certificate or marriage certificate, proof of your Washington residency, proof of qualifying parent's or spouse's Washington residency, and, if applicable, a copy of your parent's or spouse's most recent federal tax return verifying no income for the qualifying veteran.

**INFORMATION:** UW Bothell Office of the Registrar, UW1 Room 160, Box 358500, Bothell, WA 98011-8246, (425) 352-5000

\*\*\*\*\*

**APPLICATION SECTION**

For what quarter/year are you applying? \_\_\_\_\_

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Apartment City State Zip Code

**I certify that I meet the eligibility requirements and conditions listed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

DD-214 (member copy # 4) (or other supporting documents)		WA residency of student	
Proof of Death/Disability		Annual Tax Return (if applicable)	
Birth or Marriage Certificate		W2 forms (if applicable)	
WA residency of veteran (parent/spouse)			