



**APPLICATION FOR WAIVER OF MANDATORY FEES
U.S. MILITARY RESERVE AND GEORGIA NATIONAL GUARD COMBAT VETERANS**

A waiver of mandatory fees may be granted to Georgia residents who are active members of the U.S. Military Reserves and/or the Georgia National Guard and were deployed overseas for active service in a location or locations designated by the U.S. Department of Defense as combat zones on or after September 11, 2001 and served for a consecutive period of one hundred and eighty-one (181) days, or who received full disability as a result of injuries received in such combat zone or were evacuated from such combat zone due to severe injuries during any period of time while on active service.

Student's Name: _____ FVSU ID: _____

Address: _____ Phone: _____

Academic Year: _____ Term: Fall ___ Spring ___ Summer ___

Eligibility: Check all conditions that apply:

- _____ I served in a combat zone for at least 181 consecutive days since September 11, 2001
- _____ I received full disability as a result of injuries suffered in a combat zone in which I served since September 11, 2001
- _____ I was evacuated from a combat zone due to severe injuries suffered during any time while on active duty.
- _____ I am an active member of the U.S. Military Reserve.
- _____ I am an active member of the Georgia National Guard.

Additional Required Documentation:

- _____ Copy of valid Georgia License or State ID
- _____ DD Form 214 Member Copy 4

I understand that eligibility for this waiver will be reviewed each semester and if I am receiving this waiver due to my active status in the U.S. Military Reserve or GA National Guard, that I must receive verification each semester that I am actively participating in drills to continue receiving a waiver of mandatory fees. A new application must be submitted at the beginning of each academic year.

I understand that approval of this waiver may cause an adjustment in any financial aid that I may qualify to receive. I also understand that I must contact the FVSU Office of Student Financial Services immediately if I leave the U.S. Military Reserve or Georgia National Guard.

Student Signature: _____ Date: _____

For FVSU Use: Date Received: _____	Status: _____	Approved _____	Denied _____
Verifying FVSU Official: _____	Date Posted: _____		