



# Nebraska Department of Veterans' Affairs Application for Reservist Tuition Credit

(Neb. Rev. Stat. §§ 80-901 through 80-903)

PLEASE TYPE OR PRINT CLEARLY

\* Date Format: MM/DD/YYYY

Submit Completed Application to the Nebraska Department of Veterans' Affairs:  
[https://appengine.egov.com/apps/ne/va/County\\_Submission\\_Confidential\\_Documents](https://appengine.egov.com/apps/ne/va/County_Submission_Confidential_Documents)

## Part I: Student Information

Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
Last First MI Suffix

Alias Names: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Legal Residence (NO PO BOXES):

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

Mailing Address While Attending School (if different from Legal Residence):

\_\_\_\_\_  
Street Address or PO Box City State Zip Code

Email Address: \_\_\_\_\_

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest that I am:

☐ A citizen of the United States.

--OR--

☐ A qualified immigrant under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc. AND I agree to provide a copy of USCIS documentation upon request.

I further attest that:

- ☐ I am a resident of the state of Nebraska.
- ☐ I am a member of a Nebraska-based unit of the Active Selected Reserve of the armed forces of the United States and have agreed to serve a minimum of three (3) years.
- ☐ I intend to pursue a course of study leading to a diploma, certificate, associate degree, baccalaureate degree, graduate degree, or professional degree at a state-supported university, college, or community college in the state of Nebraska.
- ☐ I will submit a completed Recertification form to the school before the start of each subsequent term to continue receiving the Tuition Credit.

Student's Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## Part II: Unit Information

Branch: ☐ Army Reserve ☐ Marine Corp Reserve ☐ Navy Reserve ☐ Air Force Reserve ☐ Coast Guard Reserve

Unit Name: \_\_\_\_\_ Reservist's original term of enlistment was for \_\_\_\_\_ years.

Unit Mailing Address:

\_\_\_\_\_  
Street Address or PO Box City State Zip Code

Unit Contact Person: \_\_\_\_\_ Unit Contact Phone Number: \_\_\_\_\_

Unit Contact Email Address: \_\_\_\_\_

Pursuant to Neb. Rev. Stat. § 80-903, I hereby attest that:

- ☐ The above-named reservist is currently a member of the Active Selected Reserve Unit of which I am the commanding officer.
- ☐ The above-named reservist has agreed to serve a minimum of three (3) years.
- ☐ The above-named reservist is currently maintaining satisfactory service in my unit.

Commander's Printed Name: \_\_\_\_\_ Commander's Phone Number: \_\_\_\_\_

Commander's Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## Part III: Nebraska Department of Veterans' Affairs Endorsement

To be completed by the Nebraska Department of Veterans' Affairs.

Approved by \_\_\_\_\_