

**DISABLED AMERICAN VETERANS
Tuition Waiver**

_____ Semester

Name: _____
(Last) (First) (I)

URI ID: _____

SS#: _____

Address: _____

Tuition may be waived for Disabled American Veterans under the following conditions:

1. Students must present **recently dated evidence** of Veteran status with a minimum 10% disability.
2. Matriculated students must have filed a FAFSA. (This waiver will be reduced by the amount of any grant or scholarship awards for which a student is eligible.) This waiver must be approved by Enrollment Services/Financial Aid Department.
3. Students must remit payment for required student fees at the time that this waiver is presented.

For Office Use Only:	
Filed FAFSA: _____	YES _____ N/A _____
Approved by: _____	Date: _____
Posted by: _____	Amount: _____
Date: _____	