



Tuition Waiver for Immediate Family Members Of Deployed Service Members

Blue Mountain Community College
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(541)278-5759 Service Center
(541)278-5871 Fax
www.bluecc.edu

BMCC ID: _____ - _____ OR SSN: _____ - _____ - _____ Date of Request: ____/____/20____

LAST NAME: _____ FIRST NAME: _____

Year/Term: Year: 20____ Term: Mark one [] Summer [] Fall [] Winter [] Spring

My relationship to deployed service member is: [] Spouse [] Son/Daughter [] Other

Immediate family members are defined as spouses, unmarried children under the age of 24, or others that are unmarried and under the age of 24 whose guardianship is held by the service member and/or his/her spouse. To qualify for this waiver you must:

- 1. Meet the definition of "immediate family member" as indicated above, and
2. Be a family member of a deployed United States military service member.

This waiver covers 50% of the tuition for a minimum of 3 credits and a maximum of 12 credits per term. I understand that:

- Fees and AFEES are not included.
• This waiver cannot exceed the number of credits required for an Associate's Degree.
• I must take at least 3 credits per term at Blue Mountain Community College (BMCC).
• If co-enrolled with BMCC and another college, this tuition waiver applies to BMCC courses only.
• I must apply for this waiver each term.
• This policy is subject to cancellation at any time by the Blue Mountain Community College Board of Education and will be reviewed on a periodic basis.

Please attach the following documentation:

- Proof of relationship to service member: Documents from the armed service declaring his/her relationship to the service member.
• Copy of deployment paperwork: Documentation to include service members name, date of deployment and expected length of deployment.

I have read and understand the criteria for this tuition waiver and have attached supporting documentation for my request.

Student Signature: _____ Date: ____/____/20____

Registrar USE ONLY:

[] Waiver is approved [] Waiver denied: Registrar Signature: _____ Date: ____/____/20____

If denied, reason for denial: _____

Date Received: ____/____/20____ Date Copy to Financial Aid: ____/____/20____

Service Center USE ONLY:

[] Requested waiver amount is \$_____ (\$_____ per credit x _____ credits x 50%) = \$_____

Staff member processing waiver: _____ Date Processed: ____/____/20____