

PORTLAND STATE UNIVERSITY
VETERANS' DEPENDENT TUITION WAIVER APPLICATION

COMPLETE SECTIONS A, B, AND C.

A. Applicant Information Section:

Student's Name (First-Middle-Last): _____

Student's Date of Birth: _____ Home Phone #: _____ Cell Phone #: _____

Student's PSU ID# _____

Degree Choice (Check One): Baccalaureate Degree: _____ Master's Degree: _____

PSU Email Address: _____ Alternate Email Address: _____

Relationship to Veteran: ☐ Spouse ☐ Surviving Spouse ☐ Child ☐ Stepchild ☐ Adopted Child

☐ I certify that I meet Oregon residency requirements as stipulated with OAR 580-010-0030 through 580-010-0045 AND that I am a qualified dependent (child 31 years of age or younger, spouse, or un-remarried surviving spouse) of an active duty military service veteran, as defined in Chapter 39, Oregon Laws 2008, who: 1) died while on active duty, OR 2) died as a result of a service-connected disability, or 3) is 100% disabled as the result of a military service connected disability as certified by the Department of Veterans' Affairs or any branch of the Armed Forces of the United States.

OR

☐ I certify that I meet Oregon residency requirements as stipulated with OAR 580-010-0030 through 580-010-0045 AND that I am a qualified child, stepchild, or adopted child of a Purple Heart recipient, alive or deceased, who was relieved or discharged from service in the Armed Forces of the United States with either an honorable discharge or a general discharge under honorable conditions and was awarded the Purple Heart in 2001 or thereafter for wounds received in combat.

Applicant's Signature

Date

B. Veteran Information Section: (to be filled out by student)

Veteran's Name (First-Middle-Last): _____ Veteran's DOB: _____

Veteran's VA File Number: _____

C. Applicant Consent to Release Information Section:

I certify that all information provided on this form is true and correct to the best of my knowledge. I agree to provide proof of eligibility to verify my dependent status at the time of application. If I am eligible to receive funding for tuition through this fee remission program, I understand I am responsible for any and all applicable fees required for attending classes at the university where I am enrolled. I also understand that the amount of tuition waived may be reduced by the amount of any federal aid scholarships or grants, awards from the Oregon Opportunity Grant program established under ORS 348.205, or any other aid from the eligible post-secondary institution, received by the qualified student. I hereby give permission for my information to be used for OUS public reporting purposes.*

Applicant's Signature

Date

Revised 9/3/25

PORTLAND STATE UNIVERSITY
VETERANS' DEPENDENT TUITION WAIVER APPLICATION *(continued)*

THIS SECTION TO BE COMPLETED BY PORTLAND STATE UNIVERSITY'S VETERAN CERTIFYING OFFICIAL

Institution Certification Section - Veteran Certifying Official:

According to University records, I certify the below named veteran's dependent applying for the tuition waiver meets the admission, Oregon residency, age, and degree program restrictions as defined in Chapter 39, Oregon Laws 2008.

Student Name

Student ID #

Veteran Certifying Official Signature

Approval Date
