

PORTLAND STATE UNIVERSITY  
VETERANS' DEPENDENT TUITION WAIVER APPLICATION

COMPLETE SECTIONS A, B, AND C.

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**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 within the Oregon Public University [Residency Standards](#) 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 within the Oregon Public University [Residency Standards](#) 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

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

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

Veteran's VA File Number: \_\_\_\_\_

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**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 4/21/26

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

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

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**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.*

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Student Name

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Student ID #

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Veteran Certifying Official Signature

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Approval Date

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