UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

BORDER COUNTY OUT OF STATE TUITION WAIVER APPLICATION FORM

Date	: Semester / Year Applying For:					
	Graduate School	Health Professions	Medicine	Nursing Pharm	macy 🔲 Public Health	
1.	Name:Last		First		Initial	
	Last		11130		iiitiai	
2.	Current Legal Address:					
		Street and Number				
	City	County	State	Zip Code	Phone	
3.	Local Address: (if different)					
		Street and Number				
	City	County	State	Zip Code	Phone	
1.	Last 4 digits of Social Secu	rity Number				
	Please provide your tax status as either dependent orindependent:					
		☐ I am independent and was NOT claimed on my parent(s) income taxes lastyear.				
5.		vas NOT claimed on my p	-	lastvear.		
5.	☐ I am independent and v		arent(s) income taxes	•	VOLLANSWEDED	
5.	☐ I am independent and v	vas claimed on my paren	arent(s) income taxes	•	YOU ANSWERED	
5.	☐ I am independent and v		arent(s) income taxes	•	YOU ANSWERED	
5.	☐ I am independent and v	vas claimed on my paren	arent(s) income taxes t/guardian(s) income ta	axes last year. → IF		
i.	☐ I am independent and v ☐ I am a dependent and v YES HERE, PLEASE Provide the following inform	vas claimed on my paren ANSWER QUESTION 6 mation on for the taxpa	rarent(s) income taxes t/guardian(s) income taxes ver who claimed you as	axes last year. → IF	ear:	
	☐ I am independent and v ☐ I am a dependent and v YES HERE, PLEASE Provide the following inform 6. Name	vas claimed on my paren E ANSWER QUESTION 6 Emation on for the taxpa	rarent(s) income taxes t/guardian(s) income ta yer who claimed you asRela	axes last year. → IF s a dependent last y	ear:	
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<u>GNA</u>	□ I am independent and v YES HERE, PLEASE Provide the following infor 6. Name Current Address City/State/Zip TURE: By signing below, I aff ture SUBMIT THIS FORM V Fax to 501-686-8002	vas claimed on my paren ANSWER QUESTION 6 That ion on for the taxpar	rarent(s) income taxes t/guardian(s) income taxes t/guardian(s) income taxes t/guardian(s) income taxes t/guardian(s) income taxes Rela Phore given is complete and to Date MENTATION TO THE STUD IServices@uams.edu	axes last year. → IF s a dependent last y tionship accurate. DENT FINANCIAL SERV end via standard mail	rear:	
<u>GNA</u>	□ I am independent and v YES HERE, PLEASE Provide the following infor 6. Name Current Address City/State/Zip TURE: By signing below, I aff ture SUBMIT THIS FORM V Fax to 501-686-8002	vas claimed on my paren ANSWER QUESTION 6 mation on for the taxpar irm that the information VITH SALARY/WAGE DOCUM Email to StudentFinancia ent Financial Services office	rarent(s) income taxes t/guardian(s) income taxes t/guardian(s) income taxes yer who claimed you as Rela Phor given is complete and of Date Date MENTATION TO THE STUD IServices@uams.edu States, Administration West, C	axes last year. → IF s a dependent last y tionship ne accurate. DENT FINANCIAL SERV end via standard mail HP 6A	rear:	
<u>GNA</u>	□ I am independent and v YES HERE, PLEASE Provide the following inform 6. Name Current Address City/State/Zip TURE: By signing below, I afform ture SUBMIT THIS FORM V Fax to 501-686-8002 ■ Drop off at the Stude Office Use Only □ This stude	vas claimed on my paren ANSWER QUESTION 6 mation on for the taxpar irm that the information VITH SALARY/WAGE DOCUM Email to StudentFinancia ent Financial Services office	rarent(s) income taxes t/guardian(s) income taxes Rela	axes last year. IF IF IF IF IF IF IF IF IF I	VICES OFFICE , Slot 758	