

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
BORDER COUNTY TUITION WAIVERS FOR RESIDENTS OF BOWIE & CASS COUNTY, TX AND TEXARKANA, TX
STUDENT INFORMATION SHEET
EFFECTIVE BEGINNING ACADEMIC YEAR 2012-13

POLICY

Beginning with the 2012-13 academic year, new and continuing UAMS students from Bowie or Cass Counties in Texas or Texarkana, Texas must complete a brief application form and provide a copy of salary/wage documentation (described below) to receive a Border County Out of State Tuition Waiver. Applicants will provide documentation of total taxable salary/wages for the *prior* tax year to which he/she is applying, specifically the salary and/or wages earned from Arkansas employers. However, the tuition waiver will be granted to students regardless of the amount of Arkansas salary and wages earned, as long as the documentation is submitted.

APPLICATION

The Border County Tuition Waiver Application Form can be found on the Student Financial Services (SFS) Web site (www.uams.edu/studentfinancialservices) or at the SFS offices. All items on the application form must be completed in order for the application to be processed. After completing the form, present it along with the salary/wage documentation, to the Student Financial Services office using one of the following methods: fax to 501.686.8798; email to StudentFinancialServices@uams.edu; mail to UAMS Student Financial Services, Bursar's Office, 4301 West Markham, Slot #758, Little Rock, AR 72205; or drop off at the SFS offices, Administration West Building, CHP 6A. For information call 501.686.6128.

The SFS Office will notify college registrars of approved waivers.

SALARY/WAGE DOCUMENTATION

A. Student is a dependent

For students claimed as a dependent on the state and/or federal tax return of parent or guardian in the prior tax year

- Parent / Guardian Social Security Number(s) and
- Salary/Wage Documentation (described below) are required

Student is independent

For student who filed a state and/or federal tax return last year and were NOT claimed as a dependent on parent or guardian's state and/or federal tax return in the prior tax year, his/her

- Student's Social Security Number and
- Salary/Wage Documentation (described below) are required.

B. Acceptable forms of wage/salary documentation

Any one of the following forms of documentation of salary and wages from Arkansas employers is acceptable:

1. W-2 forms documenting salary and wages
2. Copy of official state tax return
3. Official verification of total salary and wages from all employers during the prior tax year.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

**BORDER COUNTY OUT OF STATE TUITION WAIVER
APPLICATION FORM**

Date: _____ Semester / Year Applying For: _____

Graduate School Health Related Professions Medicine Nursing Pharmacy Public Health

1. Name: _____
Last First Initial

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

4. Last 4 digits of Social Security Number _____

5. Please provide your tax status as either dependent or independent:

I am independent and was NOT claimed on my parent(s) income taxes last year.

I am a dependent and was claimed on my parent/guardian(s) income taxes last year. → IF YOU ANSWERED YES HERE, PLEASE ANSWER QUESTION 6

Provide the following information on for the taxpayer who claimed you as a dependent last year:

6. Name _____ Relationship _____
Current Address _____
City/State/Zip _____ Phone _____

SIGNATURE: *By signing below, I affirm that the information given is complete and accurate.*

Signature _____ Date _____

SUBMIT THIS FORM WITH SALARY/WAGE DOCUMENTATION TO THE **STUDENT FINANCIAL SERVICES OFFICE**
Fax to 501-686-8798 ■ Email to StudentFinancialServices@uams.edu ■ Send via standard mail, Slot 758
■ Drop off at the Student Financial Services offices, Administration West Building, CHP 6A

Office Use Only This student has presented valid salary/wage documentation.
 This student's tuition waiver is eligible for reimbursement from the state's reimbursement fund.

Date: _____ Initials: _____