



GI Bill® Resident Rate In-State Tuition Application

This form is only for students who actively plan to utilize their GI Bill® benefits (whether transferred or as the veteran) at Aims Community College.

Please note: Students who qualify for In-State tuition in this way do not qualify for any Colorado resident financial aid programs.

Residency statuses may only be changed prior to the first day of the first class in which the student is registered in the term the change is requested. For most students, this is the first day of the semester. Change requests submitted past the deadline may be denied for that reason.

Submit this form along with your COE to Records@aims.edu or in person at any Aims campus.

Forms submitted without the COE will be automatically denied

Term: Fall Spring Summer Year: _____

_____ Aims ID Number Student Full Name _____

_____ Address City State Zip _____

@aims.edu

_____ Phone Number Aims Email (Communications will only be sent to Aims student email) _____

_____ Age Birthdate _____

I am: a Military Veteran Dependant of a Veteran

I confirm that I am currently living in the state of Colorado: Yes No

CHOOSE ONE OPTION—

- I am a **veteran** who:
 - Lives in the state where the IHL is located (Colorado), **AND**
 - Is actively using Chapter 30 (Montgomery GI Bill®) or 33 (Post-9/11 GI Bill®) benefits, **AND**
 - Enrolled at Aims Community College within three years of discharge from a period of active duty service of 90 days or more

- I am an **individual using transferred benefits** who:
 - Lives in the state where the IHL is located (Colorado) **AND**
 - Is actively using Chapter 33 (Post-9/11 GI Bill®) benefits [where the transferor is a member of the uniformed service who is serving on active duty] **OR** is actively using Chapter 30 (Montgomery GI Bill®) or 33 (Post-9/11 GI Bill®) benefits, **AND**
 - Enrolled at Aims Community College school within three years of the transferor's discharge from a period of active duty service of 90 days or more

- An **individual using Fry Scholarship** must:
 - Living in the state where the IHL is located, **AND**
 - Using the Marine Gunnery Sergeant John David Fry Scholarship

I certify that the information I have submitted is true and accurate to the best of my knowledge without evasion or misrepresentation. I understand that any false information or falsified supporting documents submitted in conjunction with this form may subject me to both criminal charges, College disciplinary proceedings, and that my residency status may be retroactively assessed.

Student Signature: _____

Date: _____

REGISTRATION AND RECORDS USE ONLY

- Approved
- Denied

Received	Entered
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Signature of Tuition Classification Officer Date

- | | | |
|---|--|--|
| <input type="checkbox"/> Veteran

<input type="checkbox"/> Dependent of a Veteran | <input type="checkbox"/> COE Rec'd?

<input type="checkbox"/> CH 30 (Montgomery GI Bill®)
<input type="checkbox"/> CH 33 (Post-9/11 GI Bill®)
<input type="checkbox"/> CH 33 (SGT Fry Scholarship) | <input type="checkbox"/> (M) Military In-State
<input type="checkbox"/> (N) Military In-District
<input type="checkbox"/> (3) Out-of-State |
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Revised 09/2022