



APU Veteran Discount

Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: _____ Academic Program: _____

Name: _____
Last First M.I.

APU will offer a 15% tuition discount for eligible veterans, spouses, and dependents who are currently enrolled in APU's Professional Criminal Justice or Psychology programs in the School of Behavioral and Applied Sciences. In order to apply the discount to your account, please fill out the following information and provide proof of service (copy of DD214 or other supporting document).

Discount Information:

- The 15% discount applies to all veterans of the armed forces, spouses of veterans, and dependents.
- To receive this discount, students must submit valid documentation of service (typically a DD214)
- This tuition discount is subject to coordination with Federal, State, and institutional regulations, which may result in a reduction of other aid in a student's financial aid package.
- This tuition discount is subject to coordination with VA educational benefits.
- This discount will be applied to the student account after the add/drop date of each term.
- **Please attach documentation of service** (copy of DD214). Your discount will not be posted to your account until verification is received. Proof will be required at initial enrollment and every year thereafter.

Discount Disclaimer:

- This tuition discount only applies to core courses; general education courses are not covered by discount.

List the number of Core units student plans to take:	Fall 2017 # _____	Spring 2018 # _____	Summer 2018 # _____
List the number of GE units student plans to take:	Fall 2017 # _____	Spring 2018 # _____	Summer 2018 # _____

Military Service Branch: _____

- Benefit Applies To:** Self (I am a veteran.)
 Spouse/Dependent (I am the spouse or dependent of a veteran.)

Signature of Student: _____

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature (Required- No electronic signature)

____/____/____
Date

MAILING ADDRESS

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