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# Application for Reactivation

## REQUIRED MATERIALS

- Application Form
- High School Transcripts
- College Transcripts (If applicable)
- SAT Scores

## FOR OFFICE USE ONLY

Application Date: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Check Number: \_\_\_\_\_

RICHARD BLAND COLLEGE IS AN EQUAL EDUCATIONAL OPPORTUNITY INSTITUTION, AND, IN KEEPING WITH THIS POLICY, THE COLLEGE MAKES NO DISTINCTION IN THE ADMISSION OF STUDENTS OR IN ANY OTHER OF ITS OFFICIAL ACTIVITIES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, HANDICAP, OR NATIONAL ORIGIN. ALL STANDARDS OF THE COLLEGE INCLUDING THOSE GOVERNING STUDENT EMPLOYMENT AND FINANCIAL AID ARE APPLIED ACCORDINGLY.

R \_\_\_\_\_

**For Office Use**

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Social Security Number (REQUIRED): \_\_\_\_\_

Name on RBC records: \_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_\_  
(Number & Street/P.O. Box)

\_\_\_\_\_  
(City) (State) (ZIP Code)

\_\_\_\_\_  
(Permanent Phone Number)

Temporary Address:

\_\_\_\_\_  
(Number & Street/P.O. Box)

\_\_\_\_\_  
(City) (State) (ZIP Code)

\_\_\_\_\_  
(Temporary Phone Number)

Citizenship: US Other: (please specify) \_\_\_\_\_

Legal Residency: VA Other: (please specify) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: Single Married: Maiden Name: \_\_\_\_\_

Term and Date of Previous Application: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Please reactivate my application for admission to Richard Bland College for the following term:

Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

*Please check one of the following:*

I have not attended any other college since last applying to Richard Bland College.

I have attended the following college(s) since last applying to Richard Bland College.

I understand that it is my responsibility to ensure that transcripts are sent from the institution(s) previously attended. I further understand that I will receive no credit for course work completed at Richard Bland College until all transcripts have been received.

I certify that the information provided is accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Richard Bland College In-State Tuition Application: SIDE A

To be completed by the Applicant  
MUST BE COMPLETED IN INK

Pursuant to Section 23-7.4 of The Code of Virginia, applicants must complete this form as well as the Supplemental In-State Residency Information Form. Failure to do so will result in automatic assignment of out-of-state tuition rates.

Applicant's Legal Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**EVERY APPLICANT MUST COMPLETE SIDE A.  
IF A BOX IS NOT CHECKED, YOUR ANSWER IS ASSUMED TO BE "NO."**

**IF YOU DO NOT CHECK "YES" TO ANY OF THE FOLLOWING QUESTIONS, then your parent or legal guardian must complete the Supplemental In-State Residency Form (side B). Your parent or legal guardian's signature is required for the Supplemental Residency Form to be complete.**

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

Yes.....I will be age 24 or older before the first day of classes.

Yes.....I am a veteran of the United States Armed Forces.

Yes.....I will be enrolled in a graduate or professional program (beyond a Bachelor's).

Yes.....I am married.

Yes.....I am an orphan or a ward of the court, or I was a ward of the court until age 18.

Yes.....I do have legal dependents (other than spouse).

Yes.....I can present clear and convincing evidence that I am self-sufficient.

**If you answer "YES" to BOTH of the following questions, then your spouse must complete the Supplemental In-State Residency Form (side B). Your spouse's signature is required for the Supplemental In-State Residency Form to be complete.**

Yes..... I am married and wish to claim eligibility for in-state tuition rates based on my spouse's domicile.

Yes..... My spouse provides over 50 percent of my financial support.

For the applicant, how long have you lived in Virginia? \_\_\_\_\_ What is your present city or county of residence? \_\_\_\_\_  
Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate your type of VISA \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	ZIP Code
___/___	present	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Yes.....My parent(s) or legal guardian provides 50 % of my financial support.

Yes.....For at least one year prior to the term in which I will enroll at Richard Bland College, I have been employed.

Yes.....For at least one year prior to the term in which I will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.

Yes.....I am a registered voter in Virginia.

Yes.....I have a valid driver's license in the state of Virginia.

Yes.....I owned or operated a motor vehicle during the past year.

Yes..... I have filed taxes to another state. (Please indicate the state to which you paid taxes.) \_\_\_\_\_.

Yes..... I am a registered voter in another state. (Please give the name of that state.) \_\_\_\_\_.

Yes..... I do not have a valid Virginia driver's license. I have a driver's license from the state of \_\_\_\_\_.

Yes..... I did not own or operate a motor vehicle in this state, but I did have a motor vehicle registered in the state of \_\_\_\_\_.

**Military Service**

Yes.....I am a member of the United States Armed Forces at the present time.

Yes.....A member of my family is presently a member of the United States Armed Forces.

Yes.....**I have attached a copy of the most recent *Leave and Earnings Statement* from the person who is a member of the US Armed Services.**

Yes.....Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.

Yes.....My spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.

Yes.....I/ my parent or legal guardian/my spouse have/has changed his/her state of legal residence to Virginia effective on this date \_\_\_\_\_.  
**I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.**

Answer this question only if you live outside Virginia but work in Virginia:

I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

**I certify that the above statements are true and correct to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Richard Bland College Supplemental In-State Residency Form: SIDE B

To be completed by the parent, legal guardian, or spouse who provides 50% of financial support

**MUST BE COMPLETED IN INK**

Applicant's Legal Name: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Name of parent, legal guardian, or spouse: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you lived in Virginia? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate you type of VISA: \_\_\_\_\_

What is your present city or county of residence? \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	ZIP Code
___/___	present	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

Yes.....I have claimed the applicant as a dependent on my federal and Virginia income taxes for the tax year prior to the term in which the applicant will enroll.

Yes.....I have provided more than 50 percent of the applicant's financial support for at least one year prior to the term in which the applicant will enroll.

Yes.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have been employed.

Yes.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.

**OR**

I filed taxes to another state: \_\_\_\_\_

I am disabled. Additional documentation may be requested.

I am/was on public assistance. Additional documentation may be requested.

Other (Please explain): \_\_\_\_\_

Yes.....I have a valid Virginia driver's license.

Yes.....For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have owned or operated a motor vehicle in Virginia.

## Military Service

Yes.....I am an active duty member of the United States Armed Forces.

Yes.....My spouse is an active duty member of the United States Armed Forces.

Yes.....**A Leave and Earnings Statement is attached to this form, verifying that one of us is in the armed services on active duty.**

Yes.....Virginia income taxes have been paid on all military income for one year prior to the term in which the applicant will enroll.

Yes.....If the military parent was not residing in Virginia, but the non-military parent resided in Virginia, was employed and earned income that equates to 50 weeks x 40 hours each week x current minimum wage, paid Virginia income taxes, and claimed the applicant as a dependent for federal and Virginia income tax, then check the box.

Please indicate the date you or your military spouse was stationed or established residence, in Virginia pursuant to military orders. Date: \_\_\_\_\_

**Please attach a copy of the military orders or other military-acknowledged documentation.**

If you or your spouse live outside Virginia but work in Virginia:

Yes.....I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks x 40 hours each week x current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which the applicant will enroll.

Yes.....If the answer to the above question is yes, will the parent, legal guardian, or spouse employed in Virginia have claimed the applicant as a dependent for federal and Virginia income taxes for at least one year prior to the term in which the applicant will enroll?

**I certify that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent, Legal Guardian, or Spouse

\_\_\_\_\_  
Date

**THE PARENT /LEGAL GUARDIAN/SPOUSE WHO PROVIDES MORE THAN 50% OF FINANCIAL SUPPORT FOR THE APPLICANT MUST SIGN THIS DOCUMENT.**