



Kansas Board of Regents/Fort Hays State University
Application for Resident Tuition



Personal Information:

1. Legal Name: _____ Fort Hays ID or SSN _____

Date of Birth: _____ Place of Birth _____ Current Phone _____

2. Current Address while attending this institution:

Street Address _____ City, State, Zip _____

3. Permanent Address:

Street Address _____ City, State, Zip _____

4. For which semester are you applying for residency: Fall Spring Summer - Year _____

Have you previously applied for residency at a Kansas Board of Regents institution? Yes _____ No _____

If yes, indicate institution and year you applied _____

5. Are you a CITIZEN of the United States? Yes _____ No _____

If no, have you been granted Immigrant or Permanent Resident status by the U.S.

Immigration & Naturalization Service? Yes _____ No _____

If no, indicate type of VISA _____

If yes, attach a copy of your Alien Registration card.

6. When did your current period of physical presence in Kansas begin? _____

Month/Day/Year

Have you lived in Kansas continuously since this date? Yes _____ No _____

7. Where did you live before move to Kansas (before the date above)?

_____ from _____ to _____
City/State/Country month/year month/year

_____ from _____ to _____
City/State/Country month/year month/year

_____ from _____ to _____
City/State/Country month/year month/year

8. Where did you spend the previous summer? (provide specific dates)

_____ from _____ to _____
City/State/Country month/year month/year

_____ from _____ to _____
City/State/Country month/year month/year

9. Marital status: _____

If married, provide the following: Date of Marriage (month/day/year) _____

Legal name of Spouse: _____

Complete CURRENT address of Spouse:

Street Address _____ City, State, Zip _____

You may be required to provide a copy of your marriage certificate.

10. Parental Information

- a. Father's full legal name _____ Address _____
City/State/Country
- b. Mother's full legal name _____ Address _____
City/State/Country
- c. If your parents are divorced, which parent has legal custody of you? _____
- d. From which parent do you receive the preponderance of your support? _____
- e. If neither parent is living, or if you have a guardian, give the name and address of guardian.

If requested, a certified copy of the court order establishing custody or guardianship must be presented. Guardianships established for the sole purpose of qualifying for resident fees will not be honored.

- f. Did your parents/guardian file a Kansas State Resident Income Tax return for last year? Yes_ No__

11. Have you been licensed or certified to practice a profession in Kansas? Yes ____ No ____

If yes, identify (e.g., doctor, lawyer, teacher, nurse, etc.) _____

12. Where are you currently registered to vote (city and state) _____

When did you last register to vote in Kansas? _____

13. List all colleges you have attended in the last five years. Include dates of attendance, credit hours earned, and student resident status (for fees) at each institution:

INSTITUTION	FROM	TO	CR HRS	FEE STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. EMPLOYMENT RECORD: List all employment since your latest period of residency in Kansas began (latest employment first, list periods of full-time and part-time employment with the same company separately):

Company Name	Address (street & no, city, state)	Dates	# Hrs/Wk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Financial Support and Expenses

a. Financial Support. List all financial support for the past twelve months. Include scholarships, loans, grants, employment, personal savings, and gifts from friends or relatives.

NOTE: National funds such as trusts, stocks, mutual funds and government benefits should be listed. Provide documentation of all support listed below: current Kansas income tax returns, bank statements, savings account statements, current pay stubs, financial aid offers, trust, stock, mutual fund documents, statements of support by friends, family or relatives, etc.

Source of Support	Address	Dates	Total Dollar Amt
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
_____	_____	From: _____ To: _____	\$ _____
Total Income:			\$ _____

b. List all expenses for the past twelve months. Note: if you share expenses, list only your portion of these expenses.

Housing: _____	Total for past 12 months	\$ _____
Food: _____	Total for past 12 months	\$ _____
Phone, electric, gas per month: _____	Total for past 12 months	\$ _____
Health care, including insurance: _____	Total for past 12 months	\$ _____
Vehicle and transportation: _____	Total for past 12 months	\$ _____
Clothing, laundry and entertainment: _____	Total for past 12 months	\$ _____
Tuition and Fees per term: Summer _____ Fall _____ Spring _____	Total	\$ _____
Books & supplies per term: Summer _____ Fall _____ Spring _____	Total	\$ _____
Total Expenses:		\$ _____

c. Do you have health insurance: Yes ____ No ____

If yes, who pays the cost? _____

If no, who pays the cost of your health care? _____

You may be required to provide documentation to substantiate all listed expenses.

16. With what state did you file your last STATE income tax return? (year and state) _____

Submit a copy of your last federal and state income tax returns.

17. Were you claimed as a dependent on another person's last federal income tax return?

Yes _____, year: _____ No _____ By whom? name _____

Relationship to you: _____

Completed address: _____

Submit a copy of page 1 of this person's last federal and state income tax returns.

18. Was Kansas personal property tax paid on the vehicle you currently own or drive?

No _____ Yes _____ No vehicle in my possession _____

19. Provide information concerning the present license plate on the vehicle you own or drive.

a. _____
State License Plate Number Date Plate Obtained

b. Owner of vehicle you drive: _____

c. ☐ No vehicle in my possession.

20. What state issued your current driver's license? _____

License number _____ Date Issued _____

21. Why did you come/return to Kansas? _____

22. How long do you plan to remain in Kansas? _____

23. What are your plans after your academic work here is completed? _____

If you feel there are other pertinent facts not covered by any of the previous questions/answers, please write them on a separate sheet of paper and attach it to this form.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT FALSIFIED INFORMATION CAN RESULT IN FINANCIAL OBLIGATION (NON-RESIDENT FEES) TO, AND DISMISSAL FROM THIS INSTITUTION AND THAT MAKING A FALSE WRITING IS A FELONY UNDER KANSAS LAW (K.S.A. 21-3711). I ALSO UNDERSTAND THAT INFORMATION FROM MY APPLICATION FOR ADMISSION AND OTHER UNIVERSITY RECORDS WILL BE CONSIDERED A PART OF THIS APPLICATION.

Date _____ Signature (in presence of a notary public) _____

Notarization:

Subscribed and sworn to/affirmed before me this _____ day of _____, 20____, at _____.
city

My appointment expires: _____