



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 Regent's 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)?

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

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

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

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

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

City/State/Country from month/year to 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 your 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: \_\_\_\_\_