VALLEY CITY STATE UNIVERSITY

APPLICATION FOR THE CULTURAL DIVERSITY TUITION WAIVER

(Please Print)

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| Office Use Only    Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_    App. for Admission:  Y\_\_\_ N\_\_\_    EMPLID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Previous Recipient:  Y\_\_\_ N\_\_\_ |

1. Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

1. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am applying for the cultural diversity tuition waiver as:

\_\_\_\_ Member of a federally recognized American Indian Tribe

\_\_\_\_ Indigenous Alaskan Native

\_\_\_\_ Graduate of a ND tribal community college

\_\_\_\_ Black

\_\_\_\_ Asian

\_\_\_\_ Hispanic/Latino   
\_\_\_\_ Indigenous Pacific Islander

\_\_\_\_ LGBTQIA+

\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check One:

\_\_\_\_ New Freshman

\_\_\_ New Transfer Student

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Semester Applying for: Fall Year: \_\_\_\_\_\_\_\_\_\_\_\_ Spring Year:\_\_\_\_\_\_\_\_\_(circle one)
2. ACT or SAT Score \_\_\_\_\_\_\_ Cumulative High School GPA or % \_\_\_\_\_\_\_

**(Attach copy of unofficial transcripts)**

10. Cumulative GPA \_\_\_\_\_\_\_ Most Recent Term GPA \_\_\_\_\_\_\_

Total College Credits Earned to Date \_\_\_\_\_\_

1. List all extracurricular activities you would like to participate in while on campus at VCSU

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to [Kelly.laframboise@vcsu.edu](mailto:Kelly.laframboise@vcsu.edu) or mail it to VCSU Director for Diversity and Inclusion at 101 College Ave SW Room 132 Valley City, ND 58072.