

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
BORDER COUNTY TUITION WAIVERS FOR RESIDENTS OF BOWIE & CASS COUNTY, TX AND TEXARKANA, TX  
**STUDENT INFORMATION SHEET**  
EFFECTIVE BEGINNING ACADEMIC YEAR 2012-13

**POLICY**

Beginning with the 2012-13 academic year, new and continuing UAMS students from Bowie or Cass Counties in Texas or Texarkana, Texas must complete a brief application form and provide a copy of salary/wage documentation (described below) to receive a Border County Out of State Tuition Waiver. Applicants will provide documentation of total taxable salary/wages for the *prior* tax year to which he/she is applying, specifically the salary and/or wages earned from Arkansas employers. However, the tuition waiver will be granted to students regardless of the amount of Arkansas salary and wages earned, as long as the documentation is submitted.

**APPLICATION**

The Border County Tuition Waiver Application Form can be found on the Student Financial Services (SFS) Web site ([www.uams.edu/studentfinancialservices](http://www.uams.edu/studentfinancialservices)) or at the SFS offices. All items on the application form must be completed in order for the application to be processed. After completing the form, present it along with the salary/wage documentation, to the Student Financial Services office using one of the following methods: fax to 501.686.8798; email to [StudentFinancialServices@uams.edu](mailto:StudentFinancialServices@uams.edu); mail to Student Financial Services Disbursement/Billing Division on the UAMS Campus, 4301 West Markham, Slot #758, Little Rock, AR 72205; or drop off at the SFS offices, Administration West 1.106 during business hours or the after-hours drop-box located in the lobby. For information call 501.686.6128.

The SFS Office will notify college registrars of approved waivers.

**SALARY/WAGE DOCUMENTATION**

**A. Student is a dependent**

For students claimed as a dependent on the state and/or federal tax return of parent or guardian in the prior tax year

- Parent / Guardian Social Security Number(s) and
- Salary/Wage Documentation (described below) are required

**Student is independent**

For student who filed a state and/or federal tax return last year and were NOT claimed as a dependent on parent or guardian's state and/or federal tax return in the prior tax year, his/her

- Student's Social Security Number and
- Salary/Wage Documentation (described below) are required.

**B. Acceptable forms of wage/salary documentation**

Any one of the following forms of documentation of salary and wages from Arkansas employers is acceptable:

1. W-2 forms documenting salary and wages
2. Copy of official state tax return
3. Official verification of total salary and wages from all employers during the prior tax year.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

**BORDER COUNTY OUT OF STATE TUITION WAIVER  
APPLICATION FORM**

Date: \_\_\_\_\_ Semester / Year Applying For: \_\_\_\_\_

Graduate School  Health Related Professions  Medicine  Nursing  Pharmacy  Public Health

1. Name: \_\_\_\_\_  
Last First Initial

2. Current Legal Address: \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City County State Zip Code Phone

3. Local Address: (if different) \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City County State Zip Code Phone

4. Last 4 digits of Social Security Number \_\_\_\_\_

5. Please provide your tax status as either dependent or independent:

I am independent and was NOT claimed on my parent(s) income taxes last year.

I am a dependent and was claimed on my parent/guardian(s) income taxes last year. → IF YOU ANSWERED YES HERE, PLEASE ANSWER QUESTION 6

Provide the following information on for the taxpayer who claimed you as a dependent last year:

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Current Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURE:** *By signing below, I affirm that the information given is complete and accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

SUBMIT THIS FORM WITH SALARY/WAGE DOCUMENTATION TO THE **STUDENT FINANCIAL SERVICES OFFICE**  
Fax to 501-686-8798 ■ Email to [StudentFinancialServices@uams.edu](mailto:StudentFinancialServices@uams.edu) ■ Send via standard mail, Slot 758  
■ Drop off at the Student Financial Services offices, Administration West, Suite 1.121 or after-hours drop-box

Office Use Only  This student has presented valid salary/wage documentation.  
 This student's tuition waiver is eligible for reimbursement from the state's reimbursement fund.  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_