



MILITARY RESIDENCY DECLARATION

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Student's Last Name	First Name	Middle Name	SS#
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Local Mailing Address			
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Telephone Number	My Military Identification Card Number		
<input type="checkbox"/> I affirm that I am currently a dependent of a member of an active U.S. military unit stationed in Texas			
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Name of Military Member	SS# of Military Member	Relationship to Student	
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Military Unit Designation & Mailing Address			Unit Telephone
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I CERTIFY THAT THIS ABOVE INFORMATION IS TRUE AND CORRECT			
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Signature of Student		Date	

**PLEASE NOTE THAT OFFICIAL CERTIFICATION BELOW MUST BE PROVIDED:
CERTIFICATION TO BE COMPLETED BY MILITARY UNIT OF ASSIGNMENT**

This is to confirm Military Assignment indicated above. I further certify that to the best of my knowledge that same assignment will be in effect on date member registers at Texas A&M University-Kingsville.			
Certification may be awarded for a specified term or terms of an academic year (fall through summer). Please indicate the term or terms in which this certification will effect:			
The scholarship is effective for: Fall _____ Spr _____ Spr Inter _____ SSI _____ SSII _____ Fall Inter _____			
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Name of Unit		Print Name of Commanding Officer	
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Station		Signature of Certifying Officer	
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