

State of Maryland - Statewide Referendum Petition

SB 167

Public Institutions of Higher Education - Tuition Rates - Exemptions

(Bill Number)

(Bill Title)

For _____ County or Baltimore City

We, the undersigned voters, hereby petition to refer the bill identified above to a vote of the registered voters of Maryland for approval or rejection at the next general election.

If the full text of the bill or part of the bill referred (the "proposal") does not appear on the back of this signature page or as an attachment, a fair and accurate summary of the substantive provisions of the proposal must appear on the back or be attached, and the full text of the proposal must be immediately available from the petition circulator.

NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names. Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the bill identified above should be placed on the ballot as a referendum question at the next general election and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition.

SBE 6-201-3C (Rev 4-2011)

Please Note: The information you provide on this petition may be used to change your voter registration address.

1	Print Name:	First Name	Middle Name	Last Name	Month	Date	Year	
	Maryland Residence Address:				Birth Date:			
	Street Number		Street Name		Apt. No.	City or Town		Zip
2	Signature (Same as Printed):				Date of Signature:	Month	Date	Year
	Print Name:	First Name	Middle Name	Last Name	Month	Date	Year	
	Maryland Residence Address:				Birth Date:			
Street Number		Street Name		Apt. No.	City or Town		Zip	
3	Signature (Same as Printed):				Date of Signature:	Month	Date	Year
	Print Name:	First Name	Middle Name	Last Name	Month	Date	Year	
	Maryland Residence Address:				Birth Date:			
Street Number		Street Name		Apt. No.	City or Town		Zip	
4	Signature (Same as Printed):				Date of Signature:	Month	Date	Year
	Print Name:	First Name	Middle Name	Last Name	Month	Date	Year	
	Maryland Residence Address:				Birth Date:			
Street Number		Street Name		Apt. No.	City or Town		Zip	
5	Signature (Same as Printed):				Date of Signature:	Month	Date	Year
	Print Name:	First Name	Middle Name	Last Name	Month	Date	Year	
	Maryland Residence Address:				Birth Date:			
Street Number		Street Name		Apt. No.	City or Town		Zip	

Individual Circulator's printed or typed name

Residence Address

City State Zip

Telephone

Circulator's Affidavit Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. (Sign and Date when signature collection is completed)

Circulator's Signature

Date (mm/dd/yy)

Senate Bill 167 – Public Institutions of Higher Education – Tuition Rates – Exemptions

*(EXPLANATION: CAPITALS indicate matter added to existing law; [Brackets] indicate matter deleted from existing law).

Article – Education – Section 15–106.4 (as amended):

(b) Notwithstanding any other provision of this article, an individual described in subsection (a) of this section who attends a public institution of higher education in the State is exempt from paying nonresident tuition at a public institution of higher education in this State if:

(1) The active duty member referred to in subsection (a) of this section:

(i) Is stationed in this State; (ii) Resides in this State; or (iii) Is domiciled in this State;

(2) The honorably discharged veteran presents the following documentation within [1 year] 4 YEARS after the veteran's discharge:

(i) Evidence that the veteran attended a public or private secondary school in this State for at least 3 years; and (ii) Documentation that the veteran graduated from a public or private secondary school in this State or received the equivalent of a high school diploma in this State; or (3) The National Guard member described in subsection (a)(5) of this section is a member of the Maryland National Guard and joined or subsequently serves in the Maryland National Guard to: (i) Provide a Critical Military Occupational Skill; or (ii) Be a member of the Air Force Critical Specialty Code as determined by the National Guard.

Article – Education – Section 15–106.8 (added):

(A) IN THIS SECTION, "INDIVIDUAL": (1) INCLUDES AN UNDOCUMENTED IMMIGRANT INDIVIDUAL; AND (2) DOES NOT INCLUDE A NONIMMIGRANT ALIEN WITHIN THE MEANING OF 8 U.S.C. § 1101(A)(15).

(B) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, AN INDIVIDUAL, SHALL BE EXEMPT FROM PAYING THE OUT-OF-STATE TUITION RATE AT A COMMUNITY COLLEGE IN THE STATE, IF THE INDIVIDUAL:

(1) BEGINNING WITH THE 2005–2006 SCHOOL YEAR, ATTENDED A PUBLIC OR NONPUBLIC SECONDARY SCHOOL IN THE STATE FOR AT LEAST 3 YEARS;

(2) BEGINNING WITH THE 2007–2008 SCHOOL YEAR, GRADUATED FROM A PUBLIC OR NONPUBLIC SECONDARY SCHOOL IN THE STATE OR RECEIVED THE EQUIVALENT OF A HIGH SCHOOL DIPLOMA IN THE STATE;

(3) REGISTERS AS AN ENTERING STUDENT IN A COMMUNITY COLLEGE IN THE STATE NOT EARLIER THAN THE 2011 FALL SEMESTER;

(4) PROVIDES TO THE COMMUNITY COLLEGE DOCUMENTATION THAT THE INDIVIDUAL OR THE INDIVIDUAL'S PARENT OR LEGAL GUARDIAN HAS FILED A MARYLAND INCOME TAX RETURN: (I) ANNUALLY FOR THE 3 YEARS WHILE THE INDIVIDUAL ATTENDED A PUBLIC OR NONPUBLIC SECONDARY SCHOOL IN THE STATE IN ACCORDANCE WITH ITEM (1) OF THIS SUBSECTION; (II) ANNUALLY DURING THE PERIOD, IF ANY, BETWEEN GRADUATION FROM A PUBLIC OR NONPUBLIC SECONDARY SCHOOL IN THE STATE AND REGISTRATION AT A COMMUNITY COLLEGE IN THE STATE; AND (III) ANNUALLY DURING THE PERIOD OF ATTENDANCE AT THE COMMUNITY COLLEGE;

(5) IN THE CASE OF AN INDIVIDUAL WHO IS NOT A PERMANENT RESIDENT, PROVIDES TO THE COMMUNITY COLLEGE AN AFFIDAVIT STATING THAT THE INDIVIDUAL WILL FILE AN APPLICATION TO BECOME A PERMANENT RESIDENT WITHIN 30 DAYS AFTER THE INDIVIDUAL BECOMES ELIGIBLE TO DO SO;

(6) IN THE CASE OF AN INDIVIDUAL WHO IS REQUIRED TO REGISTER WITH THE SELECTIVE SERVICE SYSTEM, PROVIDES TO THE COMMUNITY COLLEGE DOCUMENTATION THAT THE INDIVIDUAL HAS COMPLIED WITH THE REGISTRATION REQUIREMENT; AND

(7) REGISTERS IN A COMMUNITY COLLEGE IN THE STATE NOT LATER THAN 4 YEARS AFTER GRADUATING FROM A PUBLIC OR NONPUBLIC SECONDARY SCHOOL IN THE STATE OR RECEIVING THE EQUIVALENT OF A HIGH SCHOOL DIPLOMA IN THE STATE.

(C) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE AND SUBJECT TO SUBSECTION (H) OF THIS SECTION, AN INDIVIDUAL SHALL BE ELIGIBLE TO PAY A RATE THAT IS EQUIVALENT TO THE RESIDENT TUITION RATE AT A PUBLIC SENIOR HIGHER EDUCATION INSTITUTION, IF THE INDIVIDUAL:

(1) ATTENDED A COMMUNITY COLLEGE NOT EARLIER THAN THE 2010 FALL SEMESTER AND MET THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION, EXCEPT FOR THE REQUIREMENT SET FORTH IN SUBSECTION (B)(3) OF THIS SECTION; (2) WAS AWARDED AN ASSOCIATE'S DEGREE BY OR ACHIEVED 60 CREDITS AT A COMMUNITY COLLEGE IN THE STATE;

(3) PROVIDES THE PUBLIC SENIOR HIGHER EDUCATION INSTITUTION A COPY OF THE AFFIDAVIT SUBMITTED UNDER SUBSECTION (B)(5) OF THIS SECTION;

(4) PROVIDES TO THE PUBLIC SENIOR HIGHER EDUCATION INSTITUTION DOCUMENTATION THAT THE INDIVIDUAL OR THE INDIVIDUAL'S PARENT OR LEGAL GUARDIAN HAS FILED A MARYLAND INCOME TAX RETURN: (I) ANNUALLY WHILE THE INDIVIDUAL ATTENDED A COMMUNITY COLLEGE IN THE STATE; (II) ANNUALLY DURING THE PERIOD, IF ANY, BETWEEN GRADUATION FROM OR ACHIEVING 60 CREDITS AT A COMMUNITY COLLEGE IN THE STATE AND REGISTRATION AT A PUBLIC SENIOR HIGHER EDUCATION INSTITUTION IN THE STATE; AND (III) ANNUALLY DURING THE PERIOD OF ATTENDANCE AT THE PUBLIC SENIOR HIGHER EDUCATION INSTITUTION; AND

(5) REGISTERS AT A PUBLIC SENIOR HIGHER EDUCATION INSTITUTION IN THE STATE NOT LATER THAN 4 YEARS AFTER GRADUATING FROM OR ACHIEVING 60 CREDITS AT A COMMUNITY COLLEGE IN THE STATE.

(D) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, AN INDIVIDUAL SHALL BE ELIGIBLE TO PAY A RATE THAT IS EQUIVALENT TO THE IN-COUNTY TUITION RATE AT A COMMUNITY COLLEGE IN THE STATE IF THE INDIVIDUAL: (1) MEETS THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION; AND (2) ATTENDS A COMMUNITY COLLEGE SUPPORTED BY THE COUNTY IN WHICH: (I) THE SECONDARY SCHOOL FROM WHICH THE INDIVIDUAL GRADUATED IS LOCATED; OR (II) IN THE CASE OF AN INDIVIDUAL WHO RECEIVED THE EQUIVALENT OF A HIGH SCHOOL DIPLOMA IN THE STATE, THE SECONDARY SCHOOL MOST RECENTLY ATTENDED BY THE INDIVIDUAL IS LOCATED.

(E) INFORMATION COLLECTED UNDER THIS SECTION AS PART OF A STUDENT'S REGISTRATION SHALL REMAIN CONFIDENTIAL.

(F) (1) A COMMUNITY COLLEGE OR PUBLIC SENIOR HIGHER EDUCATION INSTITUTION THAT ADMITS AN INDIVIDUAL WHO QUALIFIES FOR THE TUITION RATE UNDER THIS SECTION SHALL:

(I) KEEP A RECORD OF THE NUMBER OF INDIVIDUALS WHO PAY THE TUITION RATE IN ACCORDANCE WITH THE REQUIREMENTS UNDER SUBSECTION (B), (C), OR (D) OF THIS SECTION; AND (II) REPORT THE INFORMATION REQUIRED IN ITEM (1) OF THIS PARAGRAPH TO THE COMMISSION EACH YEAR.

(2) THE COMMISSION SHALL SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, AN ANNUAL REPORT CONSISTING OF A COMPILATION OF THE REPORTS SUBMITTED TO THE COMMISSION UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(G) THE GOVERNING BOARD OF EACH PUBLIC INSTITUTION OF HIGHER EDUCATION SHALL ADOPT APPROPRIATE POLICIES TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

(H) THE STUDENTS THAT ARE RECEIVING THE TUITION RATE IN SUBSECTION (C) OF THIS SECTION MAY NOT BE COUNTED AS IN-STATE STUDENTS FOR THE PURPOSES OF DETERMINING THE NUMBER OF MARYLAND UNDERGRADUATE STUDENTS ENROLLED AT A PUBLIC SENIOR HIGHER EDUCATION INSTITUTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2011.

Steps For Gathering Signatures

**** Read Carefully! The Board of Elections will throw out any signature that is not perfectly clear – even on the seemingly smallest detail.**

1. Ask petition signers what county they live in.

a. This is important because the Board of Elections separates signatures by county, and you have to either fill in the line at the top for the **County** or check for **Baltimore City**. For example, if someone from Washington County signed a sheet that had Frederick County at the top, their signature could be invalidated.

2. Before petition signers fill in their information, make sure to tell them that they need to put down their **full name and address**. At a minimum, signers need to include full first name, middle initial, and full last name.

a. **More information is better**, because if they put their abbreviated name or leave out their address or date of birth, their signature will be invalid.

b. **Notice** that the **street address** and the **city** have separate columns. **Please** point this out to signers.

3. At the end of the day, or if your sheet is full, you must personally fill out the information at the bottom.

a. Individual circulator's printed or typed name – this is for whomever witnessed all of the signatures.

b. Residence address, City, State, and Zip – your full, legal name and address.

c. Telephone Number – must be included to have a valid sheet.

d. Circulator's Signature and Date – THIS SHOULD BE THE LAST THING YOU FILL OUT!

• If *any* date in the left column is a later date than the date with your signature, the entire sheet will be thrown out.

4. If your sheet is not full, but you are done for the day, follow **Step #3**.

a. **Draw an X through any remaining, unused lines.**

b. This will help keep as many signatures as possible, by removing the possibility of someone else writing on the sheet and dating it later than your signature.

State of Maryland - Statewide Referendum Petition									
SB 167 (Bill Number)					Public Institutions of Higher Education - Tuition Rates - Exemptions (Bill Title)				
For <input type="checkbox"/> County of <input type="checkbox"/> Baltimore City					NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names. Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the bill identified above should be placed on the ballot as a referendum question at the next general election and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition.				
<small>SBE 6-201-3C (Rev 4-2011)</small> Please Note: The information you provide on this petition may be used to change your voter registration address.									
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	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year	
6	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town	Zip		
	Signature (Same as Printed):				Date of Signature:	Month	Date	Year	
Individual Circulator's printed or typed name					Circulator's Affidavit Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. (Sign and Date when signature collection is completed)				
Residence address									
City State Zip									
Telephone									
					Circulator's Signature				
					Date (mm/dd/yyyy)				

*** REMINDER *** The petition is only valid if it is double sided, with the bill printed on the back. If you don't have duplex capabilities, print one side first, then feed that sheet through your printer again. **Exception:** If you input the petition data from www.mdpetitions.com, one sided is acceptable as long as the bill is attached.

IMPORTANT:

- 1) Please sign & date next to your pre-printed name AND sign & date the Circulator's Signature.
- 2) Please include pages 1 & 2, the petition form and the bill, inside.

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Return address

Place
Stamp
Here

MDpetitions.com
c/o Delegate Neil Parrott
PO Box 32
Funkstown, MD 21734

Staple Here
-OR-
Tape Shut Below