

## STATE OF MISSOURI MISSOURI DEPARTMENT OF HIGHER EDUCATION

## WARTIME VETERAN'S SURVIVORS GRANT PROGRAM APPLICATION

Missouri Department of Higher Education
Building Missouris-future...

W. degrees

P.O. BOX 1469, JEFFERSON CITY, MO 65102-1469 FAX: 573-751-6635 • TOLL-FREE: 800-473-6757, OPTION 4

There is no application deadline, but early application is encouraged. The program is limited to 25 recipients each year and recipients are ranked according to the earliest application received date, with renewal students having priority. If the eligible applicant pool exceeds 25 students, the first 25 ranked students will be funded and the remaining students will be placed on a waiting list.

Please return the completed application to: Missouri Department of Higher Education, Attn: Wartime Veteran's Survivors Grant Program, P.O. BOX 1469. Jefferson City. MO 65102-1469. I am: An initial applicant who has never before completed this application. Complete Sections I, II, III, and IV. Section V must be completed by the Missouri Veteran's Commission. A prior recipient applying for a renewal award. Complete Sections I, II, and IV. A transfer student planning to enroll or currently enrolled in a different school than the one listed on my most recent application for the current academic year. Complete Sections I, II and IV. **SECTION I - APPLICANT DEMOGRAPHIC INFORMATION** PRIVACY ACT NOTICE. Your Social Security number is being requested on this form pursuant to the authority of section 173.234, RSMo, subject to the provisions of section 7 of the Privacy Act of 1974, Pub. L. 93-579. You do not have to disclose your Social Security number. You will not be denied any right, benefit, or privilege provided by law in regard to the Wartime Veteran's Survivors Grant Program if you refuse to disclose your Social Security number on the application. If you do disclose your Social Security number, that number will be used to verify your identity, and as an identifying number in order to record necessary data accurately. As an identifier, the Social Security number is used in such program activities as determining program eligibility, and certifying school attendance and student status. 1. LAST NAME 2. SOCIAL SECURITY NUMBER 3. DATE OF BIRTH (MM/DD/YYYY) (IF YOU ARE THE VETERAN'S DEPENDENT CHILD YOU MUST BE LESS THAN 25 YEARS OLD.) A PERMANENT HOME ADDRESS CITY STATE ZIP CODE 5. PERMANENT HOME TELEPHONE NUMBER 6 F-MAIL ADDRESS 7. ARE YOU A U.S. CITIZEN, PERMANENT RESIDENT OF THE U.S., OR OTHERWISE LAWFULLY PRESENT IN THE U.S.? □ No **SECTION II - APPLICANT ACADEMIC INFORMATION** 8. NAME OF THE COLLEGE OR UNIVERSITY WHERE YOU PLAN TO ENROLL OR ARE CURRENTLY ENROLLED 9. FOR WHICH SEMESTER OR SEMESTERS ARE YOU REQUESTING AID? YOU MAY ONLY REQUEST AID FOR ONE ACADEMIC YEAR PER APPLICATION Fall Only Spring Only Doly Both Fall (YYYY) and Spring (YYYY)

10. WHAT CERTIFICATE OR DEGREE ARE YOU CURRENTLY SEEKING? ☐ Certificate ☐ Associate Degree ☐ Baccalaureate Degree ☐ 2nd Baccalaureate Degree ☐ Masters Degree Doctorate SECTION III - VETERAN INFORMATION (REQUIRED FOR ALL INITIAL APPLICANTS ONLY.) 11. NAME OF VETERAN 12. VETERAN'S SSN 13a. WAS THE VETERAN A MISSOURI RESIDENT WHEN FIRST ENTERING MILITARY SERVICE? 13b. WAS THE VETERAN A MISSOURI RESIDENT AT THE TIME OF DEATH/INJURY? ☐ Yes ☐ No ☐ Yes ☐ No 14. INDICATE YOUR RELATIONSHIP TO THE VETERAN 🔲 I was the veteran's dependent child (natural child, adopted child, or stepchild) at the time of death or permanent and total disability.  $\square$  I was the veteran's spouse at the time of death or permanent and total disability. **SECTION IV - APPLICANT CERTIFICATION** I certify the information provided in Sections I, II, and III is true, complete, and correct to the best of my knowledge. As to any award made to me as the result of this application, I hereby authorize the school to pay to the MDHE any refund which may be due to me up to the amount of this award if I withdraw or drop below half time status during the school's refund period. I certify that the proceeds of any award made as a result of this application will be used for educational purposes at the school and for the enrollment period listed on this application. 15a. SIGNATURE OF APPLICANT 15b. DATE

SECTION V - VETERAN'S COMMISSION CERTIFICATION (REQUIRED FOR ALL INITIAL APPLICANTS ONLY.)								
16. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE SEPTEMBER 11, 2001?								
Yes If yes, state time served in a combat zone: From to to								
Note: For the purposes of this benefit, "combat zone" is defined as a geographic area where the service member is entitled to receive combat pay exclusion exemption, hazardous duty pay, or imminent danger pay, or hostile fire pay. Information must be shown on a DD214.								
17. PLEASE COMPLETE THE FOLLOWING SHOWING THE ACTIVE DUTY TIME PERIOD REFERRED TO ABOVE AS TAKEN FROM DD214 OR CASUALTY REPORT.								
DATE OF			DAT	ATE OF				
BRANCH & SERVICE NUMBER	ENLISTMENT/ COMMISSION (MM/DD/YY)	PLACE OF ENLISTMENT/COMMISSION	DATE OF DISCHARGE (MM/DD/YY)		PLACE OF DISCHARGE	RANK	TYPE OF DISCHARGE	
18a.	18b.	18c.	18d.		18e.	18f.	18g.	
19. HAS DEPARTMENT OF VETERANS AFFAIRS CERTIFIED THAT THE VETERAN DIED OF OR BECAME DISABLED DUE TO AN INJURY ATTRIBUTABLE TO AN ILLNESS OR ACCIDENT THAT OCCURRED WHILE SERVING IN COMBAT?					20. HAS DEPARTMENT OF VETERANS AFFAIRS CERTIFIED THAT THE VETERAN HAS BECOME 80% DISABLED AS A RESULT OF INJURIES OR ACCIDENTS SUSTAINED IN COMBAT ACTION AFTER SEPTEMBER 11, 2001?			
☐ Yes ☐ No				☐ Yes ☐ No				
'								
21. AS AN ACCREDITED VETERANS SERVICE OFFICER WITH THE MISSOURI VETERANS COMMISSION, I								
(VSO PRINTED NAME)  HEREBY CERTIFY THAT I HAVE REVIEWED THE VETERANS' SERVICE INFORMATION AND DEPARTMENT OF VETERANS AFFAIRS RECORDS AND HAVE DETERMINED THAT THE CIRCUMSTANCES								
SURROUNDING THE VETERAN'S SERVICE AND DISABILITY OR DEATH QUALIFY THE APPLICANT ACCORDING TO THE REQUIREMENTS SET OUT IN PARTS 6(b) AND 6(c) IN SECTION 173.234 OF MISSOURI STATE STATUTES.								
☐ Yes ☐ No If no, please state reason:								
22a. DATE (MM/DD/YYY)	′) 22b. VE	TERANS SERVICE OFFICER SIGNATURE						