



STATE OF MISSOURI
MISSOURI DEPARTMENT OF HIGHER EDUCATION
WARTIME VETERAN'S SURVIVORS GRANT PROGRAM
APPLICATION



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 complete Sections I, II, and III. Section IV is to be completed by the Missouri Veteran's Commission for initial students only. Renewal students are required to complete Sections I, II and III each year. Please return the completed application to: Missouri Department of Higher Education, Attn: Wartime Veteran's Survivors Grant Program, 3515 Amazonas Drive, Jefferson City, MO 65109.

Please type or print.

SECTION I - APPLICANT DEMOGRAPHIC INFORMATION

1. LAST NAME	FIRST NAME	MI	2. SSN	3. DATE OF BIRTH
4. PERMANENT STREET ADDRESS	5. CITY	6. STATE	7. ZIP CODE	
8. HOME TELEPHONE NUMBER	9. E-MAIL ADDRESS			
10. CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Otherwise lawfully present in the U.S.				

SECTION II - APPLICANT ACADEMIC INFORMATION

11. NAME OF COLLEGE OR UNIVERSITY
12. FOR WHICH SEMESTERS IN THE UPCOMING ACADEMIC YEAR ARE YOU REQUESTING AID? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Fall and Spring
13. PROGRAM OUTCOME <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> 2nd Baccalaureate Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate

SECTION III - VETERAN INFORMATION

14. NAME OF VETERAN	15. VETERAN'S SSN	16. VA CLAIM NUMBER
17. WAS THE VETERAN A MISSOURI RESIDENT AT THE TIME OF DEATH/INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. APPLICANT'S RELATIONSHIP TO VETERAN <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Spouse	

I certify the information provided in Sections I, II and III is true, complete, and correct to the best of my knowledge.

19. SIGNATURE OF APPLICANT	20. DATE
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SECTION IV - VETERAN'S COMMISSION CERTIFICATION

1. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE SEPTEMBER 11, 2001?
 Yes If yes, state time served in a combat zone: From _____ to _____
(MM/DD/YY) (MM/DD/YY)
 No (*If no, dependent is **not** eligible for this benefit.*)

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.

2. PLEASE COMPLETE THE FOLLOWING SHOWING THE ACTIVE DUTY TIME PERIOD REFERRED TO ABOVE AS TAKEN FROM DD214 OR CASUALTY REPORT.

BRANCH & SERVICE NUMBER	DATE OF ENLISTMENT/ COMMISSION (MM/DD/YY)	PLACE OF ENLISTMENT/COMMISSION	DATE OF DISCHARGE (MM/DD/YY)	PLACE OF DISCHARGE	RANK	TYPE OF DISCHARGE
2a.	2b.	2c.	2d.	2e.	2f.	2g.

3. HAS DEPARTMENT OF VETERANS AFFAIRS CERTIFIED THAT THE VETERAN DIED OR BECAME DISABLED DUE TO AN INJURY ATTRIBUTABLE TO AN ILLNESS OR ACCIDENT THAT OCCURRED WHILE SERVING IN COMBAT? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. 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:

6A DATE (MM/DD/YYYY)	6B. VETERANS SERVICE OFFICER SIGNATURE
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