

Application to Determine Eligibility for Educational Benefits Children of Veterans Tuition Grant Program

Issued under authority of Public Act 248 of 2005.

INSTRUCTIONS: Type or print all information. This application must be completed to apply for educational opportunities provided for children of certain members of the armed forces of the United States.

APPLICANT INFORMATION		
Name of Applicant		Social Security Number
Address		
City	State	ZIP Code
Telephone Number	Date of Birth	Michigan Resident Since (mm/dd/yyyy)
Name of Surviving Parent or Guardian		Relationship
Address		
City	State	ZIP Code
Are you receiving benefits from another state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what state?
Have you ever been convicted of a felony involving an assault, physical injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of College you plan to attend		College Enrollment Date (mm/dd/yyyy)
Have you ever attended a college other than the one you are planning to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit your most recent transcript from the prior college.		
<i>By my signature, I confirm that the information provided on this form is true and accurate, and I give the above institution permission to release/verify my academic data for the purposes of this program to the Student Scholarships and Grants. [Required for processing.]</i>		
Signature of Applicant		Date
DECEASED OR DISABLED VETERAN'S SERVICE RECORD (Parent of the Applicant named above)		
Name of Veteran		Military Service Number
Date of Entry into Service	Date of Separation	U.S. Department of Veterans Affairs Claim Number
Veteran Affairs Regional Office where claim folder is located		
Is the veteran totally and permanently disabled due to service-incurred causes? <input type="checkbox"/> Yes (see #4 below) <input type="checkbox"/> No		
Is the veteran's death due to service-incurred causes? <input type="checkbox"/> Yes (see #4 below) <input type="checkbox"/> No		

Required Documentation

Send photocopies only as documents must remain a permanent part of the application.

1. Applicant's (child's) birth certificate (must list parents' names).
2. Veteran's discharge certificate or separation document (DD Form 214 or Casualty Report)
3. Veteran's death certificate or casualty report.
4. Proof of total and permanent disability or death due to service-incurred causes.

**Submit application and required documentation to: Student Scholarships and Grants, P.O. Box 30462, Lansing, MI 48909-7962.
Telephone: 888-447-2687 Fax: 517-241-5835.**