ILLINOIS MIA/POW SCHOLARSHIP APPLICATION

MIA/POW Card Number _____ Office use only

DVA # _____ Office use only

PART 1 INFORMATION CONCERNING APPLICANT

Applicant's Name_____

Address _____ / _____ / _____/ _____
City State Zip

Social Security Number _____Phone # _____

Date of Birth _____ Relationship to Veteran _____

Have you used the MIA/POW Scholarship previously? Yes ☐ No ☐

PART II INFORMATION CONCERNING VETERAN

Veteran's Name _____ SSN _____

Address _____ / _____ C# _____
City State Zip

Date/Place of Birth _____

Date/Place of Death (if applicable) _____

Date/Place of Entry into active service _____

Date/Place of Separation _____

Branch of Service _____

Was the Veteran a resident of Illinois at the time of entering service or had he/she been a resident within six months prior to entering service? Yes ☐ No ☐

Please indicate one of the following:
The above named is….

MIA ☐

100% Permanently disabled from service Connected causes with 100% disability ☐

POW ☐

Death was result of a service connected disability ☐

Remarks: _____

"I hereby affirm the above statements offered in support of my application for the MIA/POW Scholarship are true and correct, and I herein give my consent to the Department of Veterans' Affairs to examine and / or release information concerning this file on a need to know basis."

_____
Signature of Applicant Date

THIS SECTION FOR DVA USE ONLY

Application Approved ☐ Application denied ☐

_____ Scholarship Administrator

_____ Date

-IMPORTANT NOTICE-

This state agency is requesting disclosure of information necessary to accomplish The statutory purpose of 105 ILCS 5/30-14.2. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed. This form has been approved by the Forms Management Center.

DEPARTMENT OF VETERANS' AFFAIRS
MIA/POW SCHOLARSHIP

ELIGIBILITY

Any spouse, natural child, legally adopted child, or any step-child of a veteran or service person who has been declared by the U.S. Department of Veterans' Affairs to be a prisoner of war, missing in action, have died as the result of a service connected disability or be permanently disabled from service connected causes with 100% disability and who, at the time of entering service, was an Illinois resident or was an Illinois resident within six (6) months of entering service shall be eligible for the Scholarship.

AMOUNT AND AWARD ENTITLEMENT

An eligible dependent is entitled to full payment of tuition and certain fees to any state supported Illinois institution of higher learning consisting of the equivalent of four calendar years of full time enrollment including summer terms. The holder of a Scholarship shall be subject to all examination and academic standards, including the maintenance of minimum grade levels that are applicable to others enrolled in the Illinois institution of higher learning where the Scholarship is used.

Any dependent who has been or shall be awarded the Scholarship shall be reimbursed by the appropriate institution for any tuition and fees which he or she has paid and for which exemption is granted under this section, if application for reimbursement is made within two months following the end of the school term for which payment was made if funds are available.

In lieu of a four year scholarship, any eligible dependent with a physical, mental or developmental disability shall be entitled to receive a benefit to be used for the purpose of defraying the cost of attendance or treatment at one or more appropriate therapeutic, rehabilitative or educational facilities.

The total benefit provided to any dependent shall not exceed the cost equivalent of four calendar years of full time enrollment, including summer terms, at the University of Illinois.

APPLICATION PROCEDURE

1. Complete application

2. Mail completed application to the Department of Veterans' Affairs
   P.O. Box 19432, 833 S. Spring, Springfield, IL 62794-9432

You must submit with this application the following evidence as appropriate; Marriage Certificate, Birth Certificate, DD 214, (Report of Separation), Adoption Decrees, Guardianship Papers, proof of your physical, mental or developmental disability.

Verification of the federal 100% permanent service-connected rating must accompany this application; if the veteran is deceased, verification from the federal U.S. Department of Veterans' Affairs that the veteran's death is service connected should also accompany the application.