

ILLINOIS MIA/POW SCHOLARSHIP APPLICATION

MIA/POW Card Number _____

DVA # _____

Office use only

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PART I INFORMATION CONCERNING APPLICANT

Applicant's Name _____

Address _____ / _____ / _____ / _____
City State Zip

Social Security Number _____ Phone # _____

Date of Birth _____ Relationship to Veteran _____

Marital Status: Single Married Divorced

Have you used the MIA/POW Scholarship previously? Yes No Are you in receipt of IVG or INGS or other state education grants? Yes No

PART II INFORMATION CONCERNING VETERAN

Were you awarded Chapter 35 Benefits Yes No

Veteran's Name _____ SSN _____

Address _____ / _____ / _____ / _____
City State Zip C#

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 become a resident within six months after entering such service? Yes No

Please indicate one of the following: 30 Year residency rule (through July 1, 2014)

MIA POW

100% permanently disabled from service
Connected causes with 100% disability

Death was result of a service connected disability

Unemployable paid at 100% Permanent and Total

Type of Military Discharge? Honorable General Other than Honorable Bad Conduct Dishonorable

"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 not attained the age of 26 and 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 or is found unemployable, total and permanent and being paid at the 100% rate and/or in receipt of Chapter 35 benefits from the US Department of Veterans Affairs or who, at the time of entering service, was an Illinois resident or was an Illinois resident within six (6) months after entering service or until July 1, 2014, became an Illinois resident within 6 months after leaving service and can establish at least 30 years of continuous residency in the State of Illinois, 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 benefits from the US Department of Veterans Affairs showing receipt of 100% permanent service-connected or TDIU, total and permanent and being paid at the 100% rate 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. 30 year applicants must provide documentation showing residency requirement as prescribed by the Administrative Code part 116.50 subsection (b).