

CONTROL #

OFFICE USE ONLY

ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS
PO BOX 19432
833 S. SPRING STREET
SPRINGFIELD, IL 62794-9432
ATTN: STATE EDUCATION PROGRAM

DVA#

OFFICE USE ONLY

APPLICATION FOR VETERANS' CHILDREN EDUCATIONAL OPPORTUNITIES-Part I

◆ VETERAN INFORMATION

Name of Veteran _____ Veteran's Social Security Number _____
Street Address (if living) _____ Veteran's Date of Death (if applicable) _____
City/State/Zip _____ County _____

PLEASE INDICATE ONE OF THE FOLLOWING:

- Veteran is 100% disabled and has been for two years prior to application
- Veteran's death was determined to be service connected and I currently draw DIC benefits
From the U.S. Department of Veterans' Affairs
- Veteran was Killed in Service

◆ INFORMATION CONCERNING ELIGIBLE CHILD

Name of Child _____ Date of Birth _____
Street Address _____
City/State/Zip _____

Please indicate relationship of child to veteran by selecting one of the following:

- Natural Child Adopted Child Step Child

◆ PAYMENT INFORMATION

Name of Payee _____ Soc. Security Number _____
Person applying for Payment

Street Address _____ Mailing Address _____
Please indicate relationship to child by selecting one of the following:
Parent Step Parent Legal Guardian

If different from above

City/State/Zip _____ Phone (_____) _____

IMPORTANT NOTICE

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of ILCS Ch. 330, 105/1. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed

APPLICATION FOR VETERANS' CHILDREN EDUCATIONAL OPPORTUNITIES-Part II

◆ SCHOOL INFORMATION

Name of Child _____ Grade of Child _____

Name of School _____

Street Address _____ Office Phone Number _____

City/State/Zip _____

◆ VERIFICATION OF ENROLLMENT OF CHILD

I, _____, hereby certify that the above named child is registered to attend the
Printed Name of Principal or Registrar above named school for the following school year ---

_____, _____ to _____, _____
Month Year Month Year

Signature of Principal or Registrar

Date

TO BE COMPLETED BY SCHOOL OFFICIAL ONLY

◆ PAYEE CERTIFICATION

I, _____, certify that the above named child has been a resident of Illinois for
Printed Name of Payee one year preceding this application and will reside with me during
the current school year. I further state that the foregoing statements
are true and correct to the best of my knowledge.

Signature of Payee

Date

**SUBMIT WITH THE FOLLOWING EVIDENCE WHEN APPLICABLE: BIRTH CERTIFICATE,
DEATH CERTIFICATE, ADOPTION DECREES, LETTERS OF GUARDIANSHIP AND POWER OF
ATTORNEY.**

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