



VETERANS DEPENDENT TUITION WAIVER

REQUESTING TERM: _____

NAME: _____ L Number: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

DATE OF BIRTH _____ AGE (If Dependent) _____

EMAIL _____ ALTERNATIVE EMAIL _____

RELATIONSHIP TO VETERAN (check which applies):

_____ Child _____ Stepchild _____ Adopted Child

I certify that I am a qualified dependent **under** the age of 24 years

_____ I am **not** receiving the John D. Fry Scholarship

Spouse _____ Surviving Spouse _____

(Remarriage of Spouse or Surviving Spouse disqualifies applicant from this waiver.)

CHECK WHICH APPLIES:

1) _____ Yes Veteran died While Serving on Active Duty*

2) _____ Yes Veteran died as a result of a Service Connected Disability*

3) _____ Yes Veteran Died as a Result of a *less than* 100% disability *

*Copy of Death Certificate _____ *Documentation confirming death was service-connected _____

_____ I am receiving Chapter 35 VA Dependent's Educational Benefits

_____ I am receiving Financial Aid _____ I am *not* receiving Financial Aid _____

VETERAN'S NAME (First-Middle-Last) _____

VETERANS' VA FILE NUMBER _____ VETERAN'S DOB: _____

I certify that all information provided on this form is true and correct to the best of my knowledge. I agree to provide proof of eligibility to verify my dependent status at the time of application.

Signature

Date

I have attached my eligibility for Chapter 35 VA Educational Benefits