



## APPLICATION

### Educational Benefits for Children of Deceased Veterans and Others

Name: \_\_\_\_\_  
Last First Middle Social Security No.

Address: \_\_\_\_\_  
Street City State Zip

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Place of birth (city/state)

Home phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work or cell phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Area code Area code

Are you a legal resident of Delaware?  Yes  No

Date you became a resident of Delaware: \_\_\_\_ / \_\_\_\_

List the three most recent years for which you or your parent or legal guardian filed a Delaware income tax return:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

If you or your parent or legal guardian have **not** filed a Delaware income tax return for the **previous three tax years**, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Name of parent or legal guardian you live with or most recently lived with: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work or cell phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
Area code Area code

Have you **previously applied** for aid under this program?  Yes  No

If yes, for what year? \_\_\_\_\_

Have you **received** aid under this program:  Yes  No

If yes, for how many years? Circle one: 1 2 3 4

Date you expect to enter or return to college: \_\_\_\_ / \_\_\_\_  
Month Year

Date you expect to graduate: \_\_\_\_ / \_\_\_\_  
Month Year

College you will attend: \_\_\_\_\_  
College City / State

Your program of study: \_\_\_\_\_ Degree you will earn: \_\_\_\_\_

**Continued on back**

Last high school attended: \_\_\_\_\_  
School City / State

Date of high school graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Year

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE DECEASED PARENT OR PARENT DECLARED MISSING IN ACTION OR HELD PRISONER OF WAR:**

Name: \_\_\_\_\_

Date Delaware residency began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's death was service-related.  
 Parent is or was a prisoner of war.  
 Parent is or was missing in action.

Parent served in:  Armed Forces  
 State Police  
 Delaware Department of Transportation

If in the Armed Forces, please provide Veteran's Administration File No.: \_\_\_\_\_

Date of death or declaration of prisoner of war or missing in action status: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If deceased, please provide cause and place of death:  
\_\_\_\_\_

If held prisoner of war or missing in action, please provide information that is available:  
\_\_\_\_\_

*I certify that the information above is true and correct. I understand that the Higher Education Commission is authorized to verify this information and may request additional documentation; failure to provide the requested documentation will invalidate my application. In addition, I agree to notify the Commission of any changes in my status as they occur.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or fax your application to:** Delaware Higher Education Commission  
Carvel State Office Building  
820 North French  
Wilmington, DE 19801  
Email: dhec@doe.k12.de.us  
Website: www.doe.k12.de.us/dhec  
Phone: 302-577-5240 or 800-292-7935 (toll-free outside New Castle County)  
Fax: 302-577-6765