

In addition to the Federal Chapter 35 program you may also be eligible for a state funded program called CHILDREN OF VETERANS TUITION GRANT which pays for your tuition as long as you are enrolled at least half time. (**excludes course fees and books**).

In order to determine whether you are eligible you will need to complete the attached application and submit it with the required documents to:

**Office of Scholarships and Grants
P.O. Box 30462
Lansing, Michigan 48909-7962
ATTN: Kathy Welch
Phone: (517) 373-7120**

DO NOT SUBMIT THE APPLICATION TO THE SCHOOL....MAIL IT DIRECTLY TO LANSING

The Lansing office will send you a **LETTER OF ELIGIBILITY** if you qualify. Bring this letter to the school VA office so we can set up a Sponsorship **when you register for classes**. This Sponsorship will allow you to register without payment out of pocket as it will 'hold' your classes until payment is received from the Children of Veterans Tuition Grant.

If you have any questions on this matter, you can contact the coordinator of the program, Kathy Welch, directly at (517) 373-7120.



Application to Determine Eligibility for Educational Benefits

Authority P.A. 248

Application for academic year August 1, 2005 – July 31, 2006

Type or print all information. This application must be completed to apply for educational opportunities provided for children of certain members of the armed forces of the United States.

Name of Applicant		Social Security #	
Address	City	State	Zip
Telephone #	Date of Birth	Resident of Michigan since (Date)	
Name of Surviving Parent or Guardian		Relationship	
Address	City	State	Zip
Are you receiving benefits from another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what state?		
Have you ever been convicted of a felony involving an assault, physical injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School you plan to attend		Beginning date (month/day/year)	
Signature of Applicant		Date of Signature	

DECEASED or DISABLED VETERAN'S SERVICE RECORD

Name of Veteran		Military Service #
Date of Entry into Service	Date of Separation	U.S. Dept. of Veterans Affairs Claim #
VA Regional Office where claim folder is located		
Is the veteran totally disabled due to service-incurred causes? <input type="checkbox"/> Yes (see #4 below) <input type="checkbox"/> No	Is the veteran's death due to service-incurred causes? <input type="checkbox"/> Yes (see #4 below) <input type="checkbox"/> No	

REQUIRED DOCUMENTATION: Send photocopies only as documents must remain a permanent part of the application.

1. Applicant's (child's) birth certificate (must list parents' names).
2. Veteran's discharge certificate or separation document (DD Form 214 or Casualty Report)
3. Veteran's death certificate or casualty report.
4. Proof of total and permanent disability or death due to service-incurred causes.

Submit application to:

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