



# KENTUCKY DEPARTMENT OF VETERANS AFFAIRS TUITION WAIVER APPLICATION



## Applicant Data

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Soc Sec# \_\_\_\_\_ #Telephone \_\_\_\_\_

What is your relationship to the veteran? (Specify: Child\*\*Stepchild, Spouse, Widow/er) \_\_\_\_\_

Attach appropriate documentation: birth certificate, marriage certificate, \*\*stepchild affidavit required or Chapter 35 Award Letter.

4. Are you a Kentucky resident? \_\_\_\_\_ did/do you reside in the veteran's household? \_\_\_\_\_

5. Name of College or University \_\_\_\_\_ Campus Location \_\_\_\_\_

6. Anticipated enrollment date (or original date of enrollment if already enrolled) \_\_\_\_\_

7. Have you or any member of the veteran's family previously been issued a Tuition Waiver Certificate? Yes  No

8. If yes, Family Member Name \_\_\_\_\_

9. If spouse of deceased veteran, are you remarried? Yes  No

10: Applicant E-MAIL ADDRESS? \_\_\_\_\_ @ \_\_\_\_\_ \* REQUIRED\*

10. Parent E-mail Address? \_\_\_\_\_ @ \_\_\_\_\_

## Disabled Veteran Information \*KY Residency required\*

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

3. Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ KY Resident? \_\_\_\_\_

4. Soc Sec # \_\_\_\_\_ VA File # \_\_\_\_\_

5. Home of Record at time of entry into service \_\_\_\_\_ (Attach DD214(member 4.) \* required\*

6. Dates of Service \_\_\_\_\_ Character of Service: \_\_\_\_\_

**\*\* You MUST attach a copy of a current Benefits award letter from the Department of Veterans Affairs\*\***

## Deceased Veteran

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

2. Last Known Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ (Attach death certificate.)

4. State Residence at time of death \_\_\_\_\_ Was death Service connected? \_\_\_\_\_

5. Soc Sec # \_\_\_\_\_ VA File# \_\_\_\_\_ Service # \_\_\_\_\_

6. Home of Record at time of entry into service \_\_\_\_\_ (Attach DD214 if applicable.)

7. Dates of Service \_\_\_\_\_ Character of Service: \_\_\_\_\_

8. Died on Active Duty?  Yes  No (If yes, attach casualty report.)

9. Was the veteran totally disabled at time of death?  Yes  No

10. Was the veteran receiving VA disability at time of death?  Yes  No (attach award letter.)

## Applicant

I hereby certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for tuition waiver or, if already receiving tuition waiver, I will be disqualified from future eligibility. I hereby authorize the Kentucky Department of Veterans Affairs and agencies to which my name is certified/ referred to make all necessary investigations concerning me, my status, eligibility, or my action in any transaction. I authorize the Kentucky Department of Veterans Affairs to receive and make available to state institutions of higher education my records attached in support of this application, and further authorize and request each institution, agency or organization to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature below as a condition of eligibility. I understand that this application is to determine eligibility for tuition waiver provided by the Commonwealth of Kentucky under Kentucky Revised Statutes. I understand that certification of eligibility is made only by the Kentucky Department of Veterans Affairs.

Signature Student Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

### Check list of REQUIRED Documentation

(If documents are missing this will delay and possibly deny your application for the tuition waiver)

1.  Applicant Birth certificate showing veteran as parent.
2.  Marriage Certificate for Spouse, Widow, Widower
3.  Step-Child Affidavit must be completed and signed by veteran
4.  Copy of Veterans DD-214(member 4) stating Honorable discharge
5.  Copy of Veteran's Kentucky State Driver's License or other proof of residency such as a property tax bill, current utility bill.
6.  Disability award letter issued within the last year showing 100% service connection or eligibility of Unemployability.
7.  Pension award letter; if applicable
8.  If Veteran is deceased, attach a copy of Death Certificate, Causality report or award letter.

**Please send completed application and documentation to:**

**Email in PDF format to: [KDVA.tuitionwaiver@ky.gov](mailto:KDVA.tuitionwaiver@ky.gov).**

**Fax to: 502-912-8985**

**If you need assistance or have questions concerning the State Tuition waiver program please call (502)503-7911**

**[Incomplete documentation could result in severe delays or denials of applications](#)**