



# KENTUCKY DEPARTMENT OF VETERANS AFFAIRS TUITION WAIVER APPLICATION

## Applicant Data please print clearly.

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ 2.
- Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_
4. What is your relationship to the veteran? (Specify Child, \*\*stepchild, spouse, widow, or widower.)  
\_\_\_\_\_  
**Attach appropriate documentation: birth certificate, marriage certificate, \*\*step child affidavit \* required\***
5. Are you a Kentucky resident? \_\_\_\_\_ did/do you reside in the veteran's household? \_\_\_\_\_
6. Name of College or University \_\_\_\_\_ Campus Location \_\_\_\_\_
7. Anticipated enrollment date (or original date of enrollment if already enrolled) \_\_\_\_\_
8. Have you or any member of the veteran's family previously been issued a Tuition Waiver Certificate?  
\_\_ Yes\_\_ No If yes, Certificate Number \_\_\_\_\_ Name of person \_\_\_\_\_
9. If spouse of deceased veteran, are you remarried? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 10: E-MAIL ADDRESS? \_\_\_\_\_ @ \_\_\_\_\_ **\*REQUIRED\***

### Living Veteran

1. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_
3. Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ KY Resident? \_\_\_\_\_
- Attach Kentucky Driver's License or Kentucky-issued identification.**
4. Soc Sec # \_\_\_\_\_ VA File # \_\_\_\_\_
5. Home of Record at time of entry into service \_\_\_\_\_ **(Attach DD214.) \* required\***
6. Dates of Service \_\_\_\_\_ Character of Service: \_\_\_\_\_  
\*\* You MUST attach a copy of Disability award letter from the Department of Veterans Affairs\*\*
7. Is the veteran 100% disabled? \_\_\_\_\_
8. Does the veteran receive compensation 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. Residence at time of death \_\_\_\_\_ Was death Service connected? \_\_\_\_\_  
**(Attach DIC award letter)**
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? \_\_\_\_\_

10. Was the veteran receiving VA disability at time of death? \_\_\_\_\_ (Attach VA Rating Decision.)

**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 of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

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

**Kentucky Department of Veterans Affairs, Attn: Tuition Waiver Coordinator, 1111 Louisville Rd., Suite B, Frankfort, KY 40601 or call (502) 782-5734 or (502) 564-9203 or FAX to (502) 912-8985 or email KDVA.tuitionwaiver@ky.gov.**

**\*\*\*ALL REQUIRED DOCUMENTATION/INFORMATION MUST ACCOMPANY APPLICATION\*\*\***

**\*\*\*\*\*FOR KDVA USE ONLY\*\*\*\*\***

**KRS 164.505:** Veteran died on active duty \_\_\_\_\_ and joined the military from Kentucky \_\_\_\_\_, and applicant has proven relationship to veteran \_\_\_\_\_, and applicant is either a child of any age or an unremarried spouse \_\_\_\_\_.

**KRS 164.505:** Veteran was honorably discharged \_\_\_\_\_ and veteran died as a result of service-connected disabilities \_\_\_\_\_, and joined the military from Kentucky \_\_\_\_\_, and applicant has proven relationship to veteran \_\_\_\_\_, and applicant is either a child of any age or an unremarried spouse \_\_\_\_\_.

**KRS 164.507:** Veteran was honorably discharged \_\_\_\_\_ and veteran died as a result of service-connected disabilities \_\_\_\_\_, or veteran is a wartime veteran \_\_\_\_\_ and veteran was a Kentucky resident at the time of death \_\_\_\_\_, or veteran was married to a Kentucky resident at the time of death \_\_\_\_\_, and applicant has proven relationship to veteran \_\_\_\_\_, and applicant is either a child under the age of 26 or an unremarried spouse of the veteran \_\_\_\_\_.

**KRS 164.515:** Veteran was discharged under honorable conditions \_\_\_\_\_, and veteran is a Kentucky resident \_\_\_\_\_, and applicant has proven relationship to veteran \_\_\_\_\_, and applicant is either a child under the age of 26 or a spouse of any age \_\_\_\_\_, and veteran is Missing in Action \_\_\_\_\_, or veteran is 100% service connected disabled \_\_\_\_\_, or veteran is totally disabled by the Department of Veterans Affairs ( receives Pension) \_\_\_\_\_ and veteran is a wartime veteran \_\_\_\_\_, or veteran is totally disabled \_\_\_\_\_ and was a Prisoner of War \_\_\_\_\_.

Approved/Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Chapter: \_\_\_\_\_ Certificate Number: \_\_\_\_\_