

**MINNESOTA
DEPARTMENT OF VETERANS AFFAIRS
2ND FLOOR, 20 WEST 12TH STREET
ST. PAUL, MN 55155
(651) 296-2562**

**APPLICATION FOR MDVA SURVIVING SPOUSE/DEPENDENT EDUCATION
BENEFIT**

The State of Minnesota's Fiscal Year is from July 1st through June 30th. To continue to receive Surviving Spouse/Dependent education benefits, you must submit a new application each fiscal year. First time applications must also include:

1. A copy of your Minnesota Driver's License (or other proof of residency**) and deceased Veteran's proof of Minnesota residency for at least the 6 months prior to their death of a service connected disability, if not listed as Minnesota on the DD-214. Birth Certificate and/or adoption papers if adopted. If a Spouse- a Marriage Certificate is required.
2. If a step child, a birth certificate, a marriage certificate between your natural mother and/or father and the Veteran, and proof that you were living in the Veterans household when the Veteran passed away due to a service connected disability.
3. A "Report of Casualty" (DD FORM 1300) verifying that the Veteran died while on active duty or a copy of the Veteran's DD214 AND a letter from the U.S. Department of Veterans Affairs verifying that the Veteran's death was due to a service connected condition.

Section 1

APPLICANT INFORMATION

Name (Last, First, MI)				Social Security Number	
Current Address			City		State
Zip Code			Date of Birth		Place of Birth
Phone Number ()					
Residency Information: **See Below**					
Street Address		City		State	Zip Code
From		Dates		To	
I hereby apply for Educational Assistance under the provision of MN Statute 197.75. It is my understanding that access to the above information will be provided to the Department of Veterans Affairs staff. No other use, not specifically authorized by law, will be made of this information without my prior consent. I also understand that I am under no obligation to supply the information requested by the application; however, since my eligibility cannot be determined without my providing such information, the consequences of such a refusal would make me ineligible to receive this benefit. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Applicant's Signature					Date

****Must be a Minnesota resident as defined under MN Statute 136A.101, Subd. 8****

ACTIVE SERVICE AND DEATH RECORD OF DECEASED VETERAN PARENT/SPOUSE

Section 2 (To be completed by applicant)

Veteran's Name (Last, First, MI)		Veteran's SSN	VA Claim #	
Date Entered Active Duty	Place of Entry (City & State)	Date of Death	Place of Death	
Address at Time of Entry On Active Duty		City	State	Zip Code
Did parent/step parent/spouse die while on active duty? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, you must furnish the REPORT OF CASUALTY (DD FORM 1300).		
Did parent/step parent/spouse die as a result of a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, you must furnish a letter from the U.S. Department of Veterans Affairs to verify the service connected death AND the veteran's DD214		

SCHOOL INFORMATION

Section 3 (To be completed by a school representative)

The applicant is enrolled at this school. <input type="checkbox"/> YES <input type="checkbox"/> NO Date current term began or will begin:		
Is the student making satisfactory academic progress: <input type="checkbox"/> YES <input type="checkbox"/> NO		
The applicant <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT completed a Bachelor's Degree.		
Name of School		
Address of School (This is where the approval letter will be sent)		
Printed Name of Person Completing this Form	Title	Phone Number
		()
Signature		Date

Upon request, this document will be made available in an alternative format. Write to address at the top of this form. TTY/TDD users should contact the Minnesota Relay Service at (651) 297-5353 in the Metro Area or 1-800-627-3529 in greater Minnesota.