STATE OF MINNESOTA
DEPARTMENT OF VETERANS AFFAIRS

20 WEST 12TH STREET
ST. PAUL, MN 55155
(651) 296-2562

RENEWAL APPLICATION FOR MDVA SURVIVING SPOUSE/DEPENDENT EDUCATION BENEFIT

Section 1 APPLICANT INFORMATION

Name of Deceased Veteran Parent/Spouse (Last, First, MI)		**Veteran's SSN**	
Applicant's Name (Last, First, MI)		**Applicant's SSN**	
Current Address	**City**	**State**	**Zip Code**
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**	**Phone Number** ( )	

Section 2 SCHOOL INFORMATION (To be completed by a school representative)

The applicant is enrolled at this school. ☐ **YES** ☐ **NO** **Date current term began or will begin:**		
Is the student making satisfactory academic progress: ☐ **YES** ☐ **NO**		
The applicant ☐ **HAS** ☐ **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.