

**ILLINOIS MIA/POW SCHOLARSHIP APPLICATION**  
**Submit completed application to your local**  
**Illinois Department of Veterans' Affairs, Veterans' Service Office**  
**To locate your local Veterans' Service Office, please visit [www.veterans.illinois.gov](http://www.veterans.illinois.gov)**  
**or call 1-800-437-9824**

MIA/POW Card Number \_\_\_\_\_

DVA # \_\_\_\_\_

Office use only

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**PART 1 APPLICANT INFORMATION**

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip

Social Security number \_\_\_\_\_ Phone # \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship to Veteran \_\_\_\_\_

Marital status: Single Married Divorced

Yes No

Have you used the MIA/POW Scholarship previously?

Are you in receipt of the IL Veterans' Grant, IL National Guard Scholarship  
or any other state education grant?

Were you awarded Chapter 35 benefits?

**PART II VETERAN INFORMATION**

Veteran's name \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ VA Claim# \_\_\_\_\_  
City State Zip

Date/Place of birth \_\_\_\_\_

Date/Place of death (if applicable) \_\_\_\_\_

Date/Place of entry into active service \_\_\_\_\_

Date/Place of separation \_\_\_\_\_

Branch of service \_\_\_\_\_

Was the Veteran a resident of Illinois at the time of entering service or had he/she become a resident within six months after entering  
such service? Yes No

Please indicate applicable eligibility criteria:

Missing in Action (MIA)

Prisoner of War (POW)

Awarded 100% permanent and total service connected disability

Awarded 100% permanent and total service connected disability based  
on Individual Unemployability

Death was result of a service connected disability

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**PART II VETERAN INFORMATION (continued)**

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Type of Military Discharge:

Honorable

General

Other than Honorable

Bad Conduct

Dishonorable

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“I hereby affirm the above statements offered in support of my application for the MIA/POW Scholarship are true and correct, and I herein give my consent to the IL Department of Veterans’ Affairs to examine and / or release information concerning this file on a need to know basis.”

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Signature of Applicant

Date

**THIS SECTION FOR DVA USE ONLY**

Application approved

Application denied

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Scholarship Administrator

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Date

# ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS

## MIA/POW SCHOLARSHIP

### ELIGIBILITY

The spouse\*, surviving spouse\*, unmarried natural child\*\*, unmarried legally adopted child\*\*, or unmarried step-child\*\* of a veteran or service person who at the time of entering service was an Illinois resident or became an Illinois resident within six (6) months after entering service are eligible to apply. The veteran or service person must be declared by the U.S. Department of Veterans Affairs to be a prisoner of war; missing in action; have died as the result of a service connected disability; awarded 100% permanent and total service connected disability; or awarded 100% permanent and total service connected disability based on Individual Unemployability and/or in receipt of Chapter 35 benefits from the U.S. Department of Veterans Affairs.

\*If the surviving spouse remarries or if there is a divorce from the veteran or serviceperson, the scholarship benefit will terminate on the date of the remarriage or divorce. If the surviving spouse remarries or if there is a divorce from the veteran or serviceperson while the spouse is pursuing a course of study, scholarship benefits will be terminated at the end of the term for which they are presently enrolled.

\*\*The unmarried natural child, unmarried legally adopted child, or unmarried step-child must begin utilizing the benefit prior to the age of 26. If the eligible child marries prior to the age of 26, the scholarship benefit will terminate on the date of the marriage. If the eligible child marries while pursuing a course of study, scholarship benefits will be terminated at the end of the term for which they are presently enrolled.

It is the responsibility of the scholarship recipient to notify the Illinois Department of Veterans' Affairs of any change in marital status. Failure to promptly notify this agency of a change in marital status may result in an obligation to repay any benefits received.

### AMOUNT AND AWARD ENTITLEMENT

An eligible dependent is entitled to full payment of tuition and certain fees to any state supported Illinois institution of higher learning consisting of the equivalent of four calendar years of full time enrollment including summer terms. The holder of the Scholarship shall be subject to all examination and academic standards, including the maintenance of minimum grade levels that are applicable to others enrolled in the Illinois institution of higher learning where the Scholarship is used.

Any dependent, who has been or shall be awarded the Scholarship shall be reimbursed by the appropriate institution for any tuition and fees which he or she has paid and for which exemption is granted under this section, if application for reimbursement is made within two months following the end of the school term for which payment was made, if funds are available.

In lieu of a four year scholarship, any eligible dependent with a physical, mental or developmental disability shall be entitled to receive a benefit to be used for the purpose of defraying the cost of attendance or treatment at one or more appropriate therapeutic, rehabilitative or educational facilities.

The total benefit provided expires 12 years from the date of enrollment in a course of study and shall not exceed the cost equivalent of four calendar years of fulltime enrollment, including summer terms, at the University of Illinois.

### APPLICATION PROCEDURE

Submit completed application and supporting documentation\* to your local IL Department of Veterans' Affairs, Veterans' Service Office\*\*.

\*Supporting documentation may include but not be limited to: DD214 (Report of Separation), birth certificate, marriage certificate, adoption decree, award letter from the U.S. Dept. of Veterans Affairs verifying receipt of 100% permanent and total service connected disability or receipt of 100% permanent and total service connected disability due to Individual Unemployability; proof of applicant's physical, mental or developmental disability.

\*\*To locate your local Veterans' Service Office, visit [www.veterans.illinois.gov](http://www.veterans.illinois.gov) or call 1-800-437-9824.