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, and 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, Certificate Number_____ 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.) * required***

6. Dates of Service_____ Character of Service: _____

** You MUST attach a copy of Disability 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 his/her 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 ismade 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
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
8. ☐ If Veteran is deceased, attach a copy of Death Certificate, Causality report or award letter.

You must submit your completed application in a PDF FORMAT via email to:

KDVA.TUITIONWAIVER@KY.GOV

If you need assistance or have questions concerning the State Tuition Program please call (502) 782-5734 or (502) 564-9203

Incomplete documentation could result in severe delay or denial of application