MISSOURI RETURNING HEROES' ACT
APPLICATION FOR REDUCED TUITION

Name: _____ Student ID:_____

Address: _____
Street City State Zip Code

Telephone Number:_____ E-mail Address: _____

Date of Honorable Military Discharge:_____
Attach copy of DD 214 (long form)

Provide the location and date of armed combat. This information is not always clearly identified on the DD 214 document.

Location: _____ Date:_____

Did you serve in support of Operation Enduring Freedom or Operation Iraqi Freedom? __Yes __No.

Are you receiving any other Veterans Benefit? _____Yes _____No

If you answered yes to the above question please indicate the type of VA benefit, monthly amount, and what the benefit covers.

VA benefit type: _____

VA monthly benefit amount: _____/per month

Please check what is covered by benefit: ____Tuition/Fees ____Textbooks ____ Room and Board Stipend ____Other

NOTE: You are not required to apply for other financial aid assistance or to complete the Free Application for Federal Student Aid (FAFSA) to be considered for the discounted tuition fee waiver established by the Missouri Returning Heroes' Act. However, your discounted tuition fee waiver may be adjusted, at a later date, upon receipt of any federal/state grant or scholarship or VA tuition and fee paying benefit within the academic year.

By signing below I am confirming that the information provided on this application is accurate. Also, I am giving the University permission to provide MDHE/CBHE with information regarding my eligibility for the discounted tuition fee waiver, if requested.

Signature: _____ Date: _____