



**/ Missouri Returning Heroes' Act
Application for Reduced Tuition**

STUDENT INFORMATION

Southeast ID #: SO Student Name: _____
 Street Address: _____
 City, State: _____ Zip Code: _____
 Email Address: _____ Phone Number: _____

DATE OF HONORABLE MILITARY DISCHARGE (Must attach copy of DD214 – Long Form)

Date: _____ I have attached a copy of my DD214 – Long Form

DD214 RELATED INFORMATION

Location: _____ Date Per Month: _____
 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 YES, please indicate the type of VA benefit, monthly amount, and what the benefit covers.
 VA Benefit Type: _____ VA Monthly Benefit Amount: _____
 Benefit coverage (check all that apply): Tuition/Fees Textbooks Room & 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

I certify (or declare) under the penalty of perjury under the laws of the State of Missouri that the foregoing is true and correct.

Student Signature

Date