



**/ 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.*

\_\_\_\_\_ Date \_\_\_\_\_  
 Student Signature