

# ILLINOIS DEPARTMENT OF VETERANS AFFAIRS DECEASED, DISABLED, AND MIA-POW VETERAN'S DEPENDENTS OPPORTUNITY GRANT

The Deceased, Disabled, and MIA-POW Veteran's Dependents Opportunity Grant provides a \$250 grant annually for each child between the ages of 10 and 18 years of veterans meeting eligibility requirements. The grant is to assist with defraying expenses related to enrollment at an elementary school, middle or junior high school, high school, or home school located in Illinois. Applicants must apply annually during the academic year to receive the Grant.

## **ELIGIBILITY**

An applicant must be the natural child, stepchild under the age of 18 at the time of marriage, adopted child under the age of 18 at the time of adoption, or minor child younger than 18 who is under a court-ordered guardianship for at least 2 continuous years prior to application, of the veteran to qualify.

The veteran must have been an Illinois resident at the time of entering active military service, an Illinois resident within six months after entering active military service, or a resident of Illinois for at least 15 consecutive years after entering active duty as of the date of application. Information about home of record may be found on a Veteran's DD214 (Report of Separation) or Enlistment Contract. Examples of documents accepted to prove 15 years of consecutive years of residency include Illinois Secretary of State Driving Record Abstract (recommended), state or federal income tax transcripts, property tax records, wage and tax records (IRS Form W-2), or statement of benefits history from the Illinois Department of Healthcare and Family Services.

Furthermore, the veteran must meet one of the following criteria in order to qualify – (1) Veteran must have been an MIA (Missing In Action) (2) Veteran must have been a POW (Prisoner of War) (3) Veteran must be rated by the U.S. Department of Veterans' Affairs (USDVA) as being 100% permanent and totally disabled by service connected causes (4) Veteran must be rated by the U.S. Department of Veterans' Affairs (USDVA) as being 100% permanent and totally disabled by service connected causes due to unemployability (5) Veteran's death must be rated service connected by the U.S. Department of Veterans' Affairs (USDVA).

## **IMPORTANT INFORMATION FOR ELIGIBLE CHILDREN ABOUT USDVA CHAPTER 35 FOR HIGH SCHOOL ENROLLMENT AND DECEASED, DISABLED, AND MIA-POW VETERAN'S DEPENDENTS SCHOLARSHIP**

The Illinois Department of Veterans' Affairs administers two additional benefit programs for eligible children at the age of 18 or completion of a diploma program:

- Chapter 35 Survivors and Dependents Educational Assistance, and
- Deceased, Disabled, and MIA-POW Veteran's Dependents Scholarship.

If a child is eligible for the Deceased, Disabled, and MIA-POW Veteran's Dependents Grant, they are more than likely eligible for the *Chapter 35 Survivors and Dependents Educational Assistance* program. This program provides 36 months of entitlement for enrollment in programs of education and training after completion of high school; however, the program also provides an additional five months of entitlement for high school enrollment for students who are 18 years of age. These five months do not count toward the 36 months of entitlement for a university, college, community college or other education or training program. The Illinois Department of Veterans Affairs must process the approval paperwork for students interested in this benefit.

The *Deceased, Disabled, and MIA-POW Veteran's Dependents Scholarship* provides an education scholarship covering 120 credits for enrollment at an Illinois public university or community college. If a student is eligible for the Deceased, Disabled, and MIA-POW Veteran's Dependent Grant, they are more than likely eligible for the Deceased, Disabled, and MIA-POW Veteran's Dependent Scholarship, as eligibility for both programs is identical starting with the 2022-2023 academic year. Spouses of eligible veterans may also be eligible for the Scholarship.

More information may be found at <https://www2.illinois.gov/veterans/services%20benefits/Pages/education.aspx>.

ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS  
VETERANS EDUCATION AND TRAINING SECTION

833 S. Spring Street, Springfield, IL 62704  
Phone: 217-782-6641 Fax: 217-524-8394

APPLICATION FOR DECEASED, DISABLED, AND MIA-POW VETERAN'S DEPENDENTS  
OPPORTUNITY GRANT Part I (Completed by Payee)

The Payee must submit both Part I and Part II of this application at the same time to the Illinois Department of Veterans Affairs at the address above.

◆ ELIGIBLE CHILD INFORMATION

Initial Application (first time application for child)

Recurring Application (an application was previously completed for child for a different academic year)

First Name of Child \_\_\_\_\_ Last Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Please indicate relationship of child to veteran named below by selecting one of the following:

Natural Child  Adopted Child  Stepchild  Court Ordered Guardianship as a Minor

◆ VETERAN INFORMATION

First Name of Veteran \_\_\_\_\_ Last Name of Veteran \_\_\_\_\_

Veteran's Social Security Number \_\_\_\_\_

If veteran is alive, please provide contact information, including street address, city, state, zip code and email address. If veteran is deceased, please skip to Veteran's Date of Death:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Veteran's Date of Death (if applicable) \_\_\_\_\_

Please indicate which of the following apply for veteran's residency status:

Veteran was a resident of Illinois at time of entering active duty.

Veteran was a resident of Illinois within six months after entering active duty.

Veteran has been a resident of Illinois for at least 15 consecutive years after entering active duty as of the date of this application.

Please indicate which of the following is applicable for the veteran listed on this application:

Veteran awarded 100% permanent and total service-connected disability

Veteran awarded 100% permanent and total service-connected disability based on Individual Unemployability

Veteran's death determined service connected

Veteran Missing in Action (MIA) or Prisoner of War (POW)

**If this is an initial application, please provide the following (as applicable) with this application:**

- Birth Certificate of Child
- Adoption decree for Child
- Court Ordered Guardianship Records for at least 2 years prior to application
- Marriage Certificate between parent and veteran for Stepchild
- Veteran's DD214 (Report of Separation) and/or Casualty Report (if died on active duty)
- Award letter from USDVA stating veteran is 100% permanent and totally disabled
- Award letter from USDVA stating veteran 100% permanent and totally disabled based on Individual Unemployability
- Award letter from USDVA stating veteran's death service connected
- If home of record listed on DD214 or Casualty Report is not Illinois, please provide proof of Illinois residency within six months after entering active duty or 15 consecutive years of Illinois residency after entering active duty as of the date of this application

**◆ PAYEE INFORMATION**

Payments are made to the veteran, unless the veteran is deceased. In this case, please provide Payee information for individual responsible for the child.

- Veteran Identified Above (use information above)

**Other Payee Information (if veteran deceased)**

First Name of Payee \_\_\_\_\_ Last Name of Payee \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Payee's Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please indicate relationship of payee to child: \_\_\_\_\_

**◆ PAYEE CERTIFICATION**

I certify that the above-named child has been a resident of Illinois for one year preceding this application and that the information in Part I of this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Date

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VETERANS EDUCATION AND TRAINING SECTION

833 S. Spring Street, Springfield, IL 62794-9432

Phone: 217-782-6641 Fax: 217-524-8394

APPLICATION FOR DECEASED, DISABLED, AND MIA-POW VETERAN'S DEPENDENTS  
OPPORTUNITY GRANT-- Part II (Completed by Principal or Registrar)

Please return this form (Part II) to the individual who provided it to the educational institution. The Payee must submit this form (Part II) with Part I to the Illinois Department of Veterans' Affairs.

◆ VERIFICATION OF ENROLLMENT OF CHILD

First Name of Child \_\_\_\_\_ Last Name of Child \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Grade: \_\_\_\_\_

I hereby certify that the above-named child is registered to attend or enrolled in the Illinois school named below for the following school year:

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.  
Month Year Month Year

\_\_\_\_\_  
Signature of Principal or Registrar

\_\_\_\_\_  
Date

◆ SCHOOL INFORMATION

Name of School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_

**Official Completing Part II of this Application and Certifying Enrollment:**

First Name of Official \_\_\_\_\_ Last Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Special Note: Please return this form (Part II) to the individual who provided it to the educational institution. The Payee must submit this form (Part II) with Part I to the Illinois Department of Veterans' Affairs.**

◆ VERIFICATION OF ENROLLMENT FOR HOME SCHOOL STUDENTS

In lieu of completing Part II of this application, home schooled children must provide proof of compliance with Illinois compulsory attendance requirements as provided in Section 26-1 of the Illinois School Code. Applicant must submit such proof with Part 1 of this application.

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of ILCS Ch. 330, 105/1. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed.