


**DECEASED, DISABLED, AND MIA-POW VETERANS  
DEPENDENTS EDUCATIONAL OPPORTUNITY GRANT  
ONLINE APPLICATION PROCESS INSTRUCTIONS**

**(Version 1, July 21, 2024)**

1. The applicant must either log in to a previously created account for any financial aid program with the Illinois Student Assistance Commission or Sign Up to create an account. Below is where you would enter the log in and password for a previously created account. If you don't have an account, move to the next step to Sign Up for an account. You may use an email account other than your primary email account.

Have an account? Log In to make the application process faster, or create an account for future applications. 

**LOGIN**    [SIGN UP](#)

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[LOGIN](#)

[Forgot Password?](#)

[Forgot User ID?](#)

2. To create a new account, click on SIGN Up, and the following page should appear. Please complete all the fields. Please notice the rules for creating a password, including the special characters. Once all fields completed, click on “I’m not a robot” and then click on “CREATE ACCOUNT.”

### Account Information

First Name

Last Name

### Personal Information

Challenge Question

Challenge Answer

The e-mail address you provide here will be used each year you apply for ISAC-administered financial aid programs, and to access your application in the future. Make sure to provide a personal, permanent e-mail address (such as gmail, yahoo or hotmail) rather than a school-provided e-mail address that will change when you change schools.


E-mail

Confirm E-mail

Password must be 8-20 characters, with at least 1 number, 1 upper case letter, 1 lower case letter, and 1 of the following special symbols @\$%&+=

Password

Confirm Password

I'm not a robot   
reCAPTCHA  
Privacy - Terms

**CREATE ACCOUNT**

3. **Once you have either logged in to a preexisting or created an account, the following page should appear. Please note link at bottom to SCHOOL CERTIFICATION FORM LINK. Please download this form. You will need to submit one form for each child for whom you are applying for a grant. The school for each child will need to complete this form. You may continue with the application without having this completed form.**

## Application For Deceased Disabled And MIA/POW Veterans Dependents Opportunity Grant

### 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 Illinois elementary school, middle or junior high school, high school, or home school. 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 into active duty 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).

### APPLICATION PROCESS

If this is a first-time application within this online portal, please ensure you have the following documentation (pdf format will ensure quicker processing) ready to upload with the application:

Download Here: [School Certification Form Link](#)

4. **At the bottom of this page, you will see the button below. Please click on this button when ready to begin the application.**

**START APPLICATION**

5. This will bring you to Part I of the application requiring information about the veteran. Please complete all required fields on the page indicated by red asterisk. When completing the Residency question, a veteran only needs to meet one of the criteria, not all three. Please follow all instructions on the page.



## Part I: Veteran Information

\* First Name

\* Last Name

IMPORTANT: Please note that your Social Security number (SSN) is needed for identification, verification and processing purposes in furtherance of your request for financial aid.

\* Social Security Number

\* Confirm 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:

\* Address Line 1 (House Number + Street)

Address Line 2 (e.g. Apartment Unit Number)

\* City

\* State

\* ZIP Code

\* E-mail

me@example.com

\* Phone Number

( )-\_\_-\_\_

Date of Death (if applicable)

MM/DD/YYYY

\* 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:

- Missing-in-Action
- Prisoner-of-War
- 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

**6. Please complete the Payee information for each eligible child between the ages of 10-18. At this point, you will need to begin reporting information about each child.**

**Please note that since this is the first year for the online application, all applicants must check the "Initial Application" box for the 2024-2025 academic year from July 1, 2024-June 30, 2025. This will require applicants to upload all required documentation for this academic year. In following academic years, all documentation will remain in the file and will not need to be loaded again.**

**At the end of the form, please report the relationship between the child and veteran. Then click on the green button to the right "ADD CHILD TO ELIGIBILITY LIST." You will need to complete this information for each eligible child.**

# Part I: Payee Information - Eligible Children

The Payee must submit both Part I and Part II of this application to the Illinois Department of Veterans Affairs to successfully submit this application.

## Eligible Child Information

\* Please choose an option below

- Initial Application (first time application for child)
- Recurring Application (an application was previously completed for child for a different academic year)

\* First Name

\* Last Name

\* Date of Birth (Please note that Age should be in between 10 to 18 years)

IMPORTANT: Please note that your Social Security number (SSN) is needed for identification, verification and processing purposes in furtherance of your request for financial aid.

\* Address Line 1 (House Number + Street)

\* Social Security Number

Address Line 2 (e.g. Apartment Unit Number)

\* Confirm Social Security Number

\* 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

[ADD CHILD TO ELIGIBILITY LIST](#)

Note: To add another child, please fill the form again and click on Add Child to Eligibility List


BACK

NEXT

7. After clicking on the green button “ADD CHILD TO ELIGIBILITY LIST” the follow dialog box should appear. Please review this information to ensure that it is correct. If not correct, please click on the edit link, which looks like this:  . If there are additional children, please click on the green button “ADD CHILD TO ELIGIBILITY LIST” to add additional children. Once all children listed, please click on Blue NEXT button.

Note: To add another child, please fill the form again and click on Add Child to Eligibility List

BILL TENTPEG, 10	Child Status: Natural Child	
SSN: 999999001	DOB: 12/11/2013	Initial Application 
Address: 1 TENTPEG LANE, TANK, IL - 62704		



8. This will take you to PART II: Uploading Documentation. The first uploaded documentation will apply to the veteran. Please note that uploading documents in a pdf format will expedite the application process. Uploading documents in a different format will require that the documentation be downloaded, converted, and uploaded again, requiring much additional time to process an application.

Part II, Section 1:

In Section 1, please provide copies of all discharge paperwork in one file. If a veteran has multiple periods of active duty, please upload all discharge documents (DD214s). The most important discharge, however, is the discharge record for the last period of active duty.

In the second part of Section 1, if the DD214 does not list Illinois as home of record, the veteran will need to submit documentation demonstrating either Illinois residency within 6 months of entering active duty or for 15 consecutive years after entering active duty as of the date of the submitted application.

Documentation to prove 15 years of residency include the following:

Copies of property records to include residential mortgages, deeds or residential leases, property tax records that provide proof of 15 years of required residency within the State of Illinois. Look up property/properties on county assessor web sites.

Copies of driving records to include driver's license record, insurance, and ownership of vehicle titled in the State of Illinois that provides proof of 15 years of required residency within the State of Illinois. Request copy of Driving Record Abstract (ilsos.gov) from Illinois Secretary of State (\$21).

Copies of Illinois Income Tax forms for each of the 15 years of required residency. Use Illinois Department of Revenue Form IL-4506 (Request for Copy of Tax Return).

Copies of Illinois voter registration documents for each of the 15 years of required residency. If records are unavailable, provide a statement of the record from the county clerk where residency has been established that provides a record of voter registration records that are currently available.



Copies of utility records to include electricity, water, waste removal, cable or internet service that provides proof of 15 years of required residency within the State of Illinois.

**Part II, Section 2:**

**In Section 2, the applicant must upload documentation demonstrating the veteran meets one of the following 3 criteria. The USDVA SUMMARY OF BENEFITS letter is the preferred documentation for the first two criteria. An Illinois Department of Veterans Affairs Veteran Service Officer may assist a veteran in downloading this document.**

## Part II: Uploading Documentation

**Section I:** Please provide the following (as applicable) with this application:

- \* Veteran's DD214 (Report of Separation) and/or Casualty Report (if died on active duty)

Drag and Drop or Upload your File Here

Browse

- If home of record listed on DD214 or Casualty Report is not Illinois, please provide proof of Illinois residency within 6 months or 15 consecutive years of Illinois residency after entering active duty as of the date of this application

**Note:** Allows multiple files to be selected

Drag and Drop or Upload your File Here

Browse

**\*Section II:** Please upload any one of the below documents below:

- Award letter from USDVA stating veteran is 100% permanent and totally disabled

Drag and Drop or Upload your File Here

Browse

- Award letter from USDVA stating veteran 100% permanent and totally disabled based on Individual Unemployability

Drag and Drop or Upload your File Here

Browse

- Award letter from USDVA stating veteran's death service connected

Drag and Drop or Upload your File Here

Browse

9. Once the veteran uploads are complete, please upload the birth certificate for each child. When a birth certificate is uploaded, a new dialog box will appear. Please make sure information is correct, edited if needed, and when correct, click on the SAVE DETAILS button.

## Veteran Child Documentation Uploads

Child Status: Natural Child	<input checked="" type="checkbox"/> Birth Certificate of Child
BILL TENTPEG, 10	
SSN: 999999001	DOB: 12/11/2013
<input type="text" value="Tentpeg BC.pdf"/> <input type="button" value="Browse"/>	
File Name: Tentpeg BC.pdf	
Address: 1 TENTPEG LANE , TANK, IL - 62704	

**10. Please complete the PAYEE information. This is the individual who will receive payment. In all cases, the payee is the veteran, unless the veteran is deceased. If deceased, the payee is the individual responsible for the child. If the veteran is alive and listed on the application previously, please click on the button “Veteran Identified on first section (Deceased veteran cannot be the payee). If the veteran is deceased, please complete all fields for the individual responsible for the child.**

## 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 on first section (Deceased veteran cannot be the payee)

\* First Name

\* Last Name

IMPORTANT: Please note that your Social Security number (SSN) is needed for identification, verification and processing purposes in furtherance of your request for financial aid.

\* Social Security Number

\* Confirm Social Security Number

\* Permanent Address (House Number + Street)

Address Line 2 (e.g. Apartment Unit Number)

\* City

\* State

\* E-mail

\* ZIP Code

Phone Number

BACK

SAVE AND EXIT

NEXT




11. At this point, if you have a completed School Certification form, please click on the blue NEXT button. If the applicant does not have the completed School Certification form, please click on the blue SAVE AND EXIT button. You may log back into your account later to upload the school certification forms and submit the completed application.

If you click on the blue NEXT button, the applicant should see the following:

## Part III: School Certification

Please indicate the type of education institution

### Veteran Child School Documentation Uploads

Child Status: Natural Child BILL TENTPEG, 10 SSN: 999999001      DOB: 12/11/2013 Proof of Birth Certificate of Child: Tentpeg BC.pdf Address: 1 TENTPEG LANE , TANK, IL - 62704	Please indicate the type of Educational Institution <input type="radio"/> Education Institution <input type="radio"/> Homeschool	  
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BACK

SAVE AND EXIT

SUBMIT APPLICATION

12. When the dialog box above appears, please indicate if the child attends an Illinois education institution or homeschooled.

If you click on education institution, the dialog box below will appear. Please complete all fields and upload the school certification form. Once finished, click on the blue "SAVE DETAILS" button.

## Part III: School Certification

Please indicate the type of education institution

### Veteran Child School Documentation Uploads

<p>Child Status: Natural Child</p> <p>Please enter child information:</p> <p>BILL</p> <p>TENTPEG</p> <p>999-99-9001      12/11/2013</p> <p>1 TENTPEG LANE</p> <p>Address Line 2 (e.g. Apartment Unit Number)</p> <p>TANK      IL</p> <p>62704</p> <p>Proof of Birth Certificate of Child :</p> <p>Upload your File Here      <a href="#">Browse</a></p> <p>File Name: Tentpeg BC.pdf</p>	<p>Please indicate the type of Educational Institution</p> <p><input checked="" type="radio"/> Education Institution      <input type="radio"/> Homeschool</p> <p>Name of School</p> <p>Permanent Address (House Number + Street)</p> <p>Address Line 2 (e.g. Apartment Unit Number)</p> <p>City      IL</p> <p>ZipCode</p> <p>Office Phone Number ( )- - -</p> <p>2. Document Upload</p> <p>Please upload the completed school certification form for validation as proof of compulsory enrollment ( <a href="#">Link</a> )</p> <p>School Certification Form      <a href="#">Browse</a></p> <p><a href="#">SAVE DETAILS</a></p>
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BACK

SAVE AND EXIT

SUBMIT APPLICATION

13. If the applicant clicks on Homeschool, the dialog box will appear. Please complete all the fields and upload the required documentation.

### Veteran Child School Documentation Uploads

Child Status: Natural Child

Please enter child Information:

BILL

TENTPEG

999-99-9001      12/11/2013

1 TENTPEG LANE

Address Line 2 (e.g. Apartment Unit Number)

TANK      IL

62704

Proof of Birth Certificate of Child :

Upload your File Here      Browse

File Name: Tentpeg BC.pdf

Please indicate the type of Educational Institution

Education Institution       Homeschool

1. Enter Home School Details

Name of School

Permanent Address (House Number + Street)

Address Line 2 (e.g. Apartment Unit Number)

City      IL

ZipCode

Office PhoneNumber ( )- - -

2. Document Upload

Provide one of the documents below for validation as proof of compulsory attendance.

Proof of Homeschool Attendance      Browse

Proof of Homeschool Grades      Browse

SAVE DETAILS

BACK

SAVE AND EXIT

SUBMIT APPLICATION

14. Once this section is completed for each child, please click on the blue Submit Application button.

## Part III: School Certification

Please indicate the type of education institution

### Veteran Child School Documentation Uploads

<p>Child Status: Natural Child BILL TENTPEG, 10 SSN: 999999001      DOB: 12/11/2013 Proof of Birth Certificate of Child: Tentpeg BC.pdf Address: 1 TENTPEG LANE , TANK, IL - 62704</p>	<p>Please indicate the type of Educational Institution <input checked="" type="radio"/> Education Institution      <input type="radio"/> Homeschool</p> <p>School Name: TENT SCHOOL Address Line 1: 999 TENT STAKE LANE Address Line 2: TANK City: ILLINOIS      State: IL Zipcode: 99999 Office Phone Number: 9999999999</p> <p>2. Documents Documents below are for validation as proof of compulsory enrollment: School Certification Form: Tentpeg School Verification.pdf</p>
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BACK

SAVE AND EXIT

SUBMIT APPLICATION

15. Once the applicant submits application, they should see a message like the one below. The applicant will also receive an email message and notes on what will happen next.

## Application Submitted

You have completed the application. You will be notified for any additional requirements of verification.

### Overview of submitted application

Name of Payee: DAN WELLMAN

Name of Veteran: DAN TENTPEG

### Children Details:

Child Status: Natural Child BILL TENTPEG, 10 SSN: 999999001                      DOB: 12/11/2013 Birth Certificate of Child: Tentpeg BC.pdf Address: 1 TENTPEG LANE , TANK, IL - 62704	Type of Educational Institution <input checked="" type="radio"/> Education Institution <input type="radio"/> Homeschool School Name: TENT SCHOOL Address Line 1: 999 TENT STAKE LANE Address Line 2: TANK City: ILLINOIS                      State: IL Zipcode: 99999 Office Phone Number: 9999999999 Documents below are for validation as proof of compulsory enrollment: School Certification Form: Tentpeg School Verification.pdf
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Application submitted: 07/21/2024

EXIT APP