# 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. 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 place of entry 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 Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of Veteran's death must be rated service connected by the U.S. Department of 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 tir	ne application for child	)			
<u>Re</u> cu	rring Application (an appli	cation was previously c	completed for	child for a different	t acad	emic year)
First	Name of Child	Last Name of C	Child		DOI	3
Stree	t Address	(	City	Sta	te	_ Zip Code
Pleas	se indicate relationship of	child to veteran name	ed below by	selecting one of the	follo	wing:
for N	Jatural Child	Adopted Child	Stepchild	Court Ordered	Guar	dianship as a Minor
♦ <u>V</u> F	TERAN INFORMAT	ION				
First	Name of Veteran		Las	t Name of Veteran_		
Veter	can's Social Security Numl	ber				
	teran is alive, please prov ess. If veteran is decease			· · ·	y, stat	e, zip code and email
Stree	t Address	(	City	Sta	te	_ Zip Code
Emai	1 Address	]	Telephone Nu	ımber		
Veter	ran's Date of Death (if app	licable)				
Plea	se indicate which of the	following apply for	veteran's r	esidency status:		
	Veteran was a resident	of Illinois at time of ent	ering active of	luty.		
	Veteran was a resident	of Illinois within six mo	onths after en	tering active duty.		
	Veteran has been a resident this application.	dent of Illinois for at lea	st 15 consect	utive years after ente	ering a	active duty as of the date of
Plea	se indicate which of the	following is applica	ble for the	veteran listed on	this a	pplication:
	Veteran awarded 100%	permanent and total set	rvice-connec	ted disability		
	Veteran awarded 100%	permanent and total se	rvice-connec	ted disability based	on Ind	lividual Unemployability
	Veteran's death determ	ined service connected				
	Veteran Missing in Act	ion (MIA) or Prisoner of	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	Telepho	one 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

#### 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

DVA FORM EDI Part I (Revised, 04/2023) IL 497-0002

### ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS 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

		Las	st Name of Cl	nild	
Street Address		City		State	_Zip Code
Grade:					
hereby certify that the above school year:	named child is regist	ered to attend	or enrolled in	n the school nan	ned below for the following
Month	to Year	,,,	Vear		
Wohu	i cui	Wontin	i cui		
				Date	
Signature of Principal or Regi	strar			Date	
◆ <u>SCHOOL INFORMA</u>	TION				
	TION				
◆ <u>SCHOOL INFORMA</u> Name of School	<u>.TION</u>	City			
SCHOOL INFORMA Name of School Street Address	<u>.TION</u>	City		State _	
SCHOOL INFORMA Name of School Street Address Office Phone Number	<u>TION</u>	City n and Certify	ing Enrollm	State _ ent:	Zip Code
SCHOOL INFORMA Name of School Street Address Office Phone Number Official Completing Part	<u>TION</u>	City n and Certify	<b>ing Enrollm</b> Last Name	State _ ent:	Zip Code

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.

### ◆ <u>VERIFICATION OF ENROLLMENT FOR HOME SCHOOL STUDENTS</u>

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.

DVA FORM EDI Part II (Revised, 04/2023) IL 497-0002

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