



**VIRGINIA MILITARY SURVIVORS AND DEPENDENTS
EDUCATION PROGRAM
Application**

PURPOSE: Use this form to apply for the Virginia Military Survivors and Dependents Education Program (MSDEP). Provide as much detail as possible so that we can verify your eligibility for MSDEP benefits.

INSTRUCTIONS: Type or print in ink.

APPLICANT INFORMATION			
NAME	last	first	middle
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PHONE NUMBER ()
ADDRESS			
CITY		STATE	ZIP
SCHOOL LAST ATTENDED			LAST YEAR OF ATTENDANCE
PARENT OR GUARDIAN NAME	last	first	middle
ADDRESS			PHONE NUMBER ()
CITY		STATE	ZIP
RELATIONSHIP TO MILITARY SERVICE MEMBER			
<input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse		<input type="checkbox"/> Child <input type="checkbox"/> Natural <input type="checkbox"/> Step-child <input type="checkbox"/> Adopted <input type="checkbox"/> Other	
MILITARY SERVICE INFORMATION			
NAME OF MILITARY SERVICE MEMBER	last	first	middle
SOCIAL SECURITY NUMBER	SERVICE NUMBER	U.S. VETERANS AFFAIRS CLAIM NUMBER	

RESIDENCY AND OTHER INFORMATION

Was the military service member a citizen and legal resident of Virginia when he or she entered the service? YES NO

Was the military service member a citizen and legal resident of Virginia for 5 consecutive years immediately prior to the date of this application? YES NO

In the case of a deceased military service member, was the surviving spouse a citizen and legal resident of Virginia 5 years before he or she married the service member? YES NO

In the case of a deceased military service member, was the surviving spouse a citizen and legal resident of Virginia for 5 consecutive years immediately prior to the date of this application YES NO

List the names and birthdates of siblings or children who have attended college under the Virginia War Orphans Education Program or the Virginia Military Survivors and Dependents Education Program

NAME DATE OF BIRTH

NAME DATE OF BIRTH

Applicant will attend the following colleges or universities:

SCHOOL NAME START DATE

SCHOOL NAME START DATE

I certify that the information in this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE DATE

OFFICE USE ONLY

DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO	90% OR MORE DISABILITY IN ARMED CONFLICT <input type="checkbox"/> YES <input type="checkbox"/> NO	POW/MIA <input type="checkbox"/> YES <input type="checkbox"/> NO
AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
Receiving Chapter 35 <input type="checkbox"/> YES <input type="checkbox"/> NO		

If not eligible, why?

CLAIMS EXAMINER DATE

CLAIMS EXAMINER DATE