

**South Carolina  
Division of Veterans' Affairs**

**Application for Tuition Assistance  
for Certain War Veterans' Children**

(Title 59-111, 1976 Code of Laws of South Carolina as amended)

Check One:     Initial Application     Resubmitted Application

**Part One: Student Information**

Last Name:		First Name:		Middle Initial:
Social Security Number:			Date of Birth:	
Address:				
City:		State:	Zip Code:	
Number of Years/Months at current residence:			Telephone Number:	
Has student received a High School Diploma, GED, or equivalent?				
Relationship between Veteran and Student 1: (Please choose one)				
Child/Step-Child		Adpted Child (please give date of adoption)		
Please list the names and social security numbers of any siblings who have been previously approved by the program to speed the processing of this application:				

<sup>1</sup> Please submit one of the following with the application: (1) a copy of the Student's birth certificate showing the Veteran parent's full name, (2) the Student's birth certificate with parents' full names and a copy of the marriage license showing the Veteran is married to one of the Student's parents, or (3) a copy of the completed adoption paperwork showing the Student's and Veteran's full names.

**Part Two: School Information**

Name of College, University, or Technical College Student will attend <sup>2</sup> :	Location of Campus:
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<sup>2</sup> Student must have been accepted and plan to attend the state supported institution listed on this application.

**Part Three: Veteran Information**

Last Name:		First Name:		Middle Initial:
Social Security Number:			VA Claim Number:	
Address:				
City:		State:	Zip Code:	
Number of Years/Months at current residence:			Phone Number:	
Dates of Military Service:			Character of Service:	

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**Part Three: Veteran Information (continued)**

Was/Is the Veteran a Prisoner of War? If yes, please give the dates and location. Also, please submit a certified copy of the Veteran's DD214.

Is the Veteran a recipient of the Purple heart? If yes, please submit a certified copy of the Veteran's DD214 and a copy of the award certificate.

Is the Veteran a recipient of the Medal of Honor? If yes, please submit a certified copy of the Veteran's DD214 and a copy of the award certificate.

**If the Veteran is alive:**

Is the Veteran Missing in Action:

Has the Veteran been rated permanently and totally disabled by the U.S. Department of Veterans Affairs?

**If the Veteran is deceased:**

Date of Death:

State of residency at the time  
of death:

Did the Veteran die during military service?

Did the U.S. Department of Veteran's Affairs rate his/her death as being Service Connected or has DIC (Dependency Indemnity Compensation/death benefits) been granted?

Was he/she rated permantly and totally disabled by the U.S. Department of Veteran's Affairs on the date of death?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Application must be signed by a Parent or Custodian of Student or Student, if over 18 years of age.)

Completed Applications can be mailed or faxed to our office:

SC Division of Veterans' Affairs  
VA Regional Office  
6437 Garners Ferry Road, Suite 1126  
Columbia, SC 29209  
(803) 647-2434 Fax (803) 647-2312

The effective date of this benefit is the date of receipt of the Application.

FOR SOUTH CAROLINA DIVISION OF VETERANS' AFFAIRS USE ONLY

Recommended for Approval/Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved/Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

SOUTH CAROLINA DIVISION of VETERANS' AFFAIRS  
VA REGIONAL OFFICE  
6437 GARNER'S FERRY ROAD, SUITE 1126, COLUMBIA, SOUTH CAROLINA 29209  
PHONE 803.647.2434 FAX 803.647.2312  
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