



MISSOURI RETURNING HEROES EDUCATION ACT APPLICATION

STUDENT INFORMATION:

NAME: _____ STUDENT ID #: _____

SSN: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: (_____) _____ - _____ EMAIL: _____

TO QUALIFY FOR MISSOURI RETURNING HEROES:

- YOU MUST HAVE SERVED IN A COMBAT ZONE ANYTIME BETWEEN SEPTEMBER 11, 2001 AND THE PRESENT
- HAVE BEEN MISSOURI RESIDENT AT THE TIME OF FIRST ENTERING THE MILITARY
- HAVE BEEN HONORABLY DISCHARGED
- MAINTAIN A 2.5 GPA

PLEASE INDICATE THE LOCATION AND DATES OF YOUR SERVICE.

LOCATION: _____

DATES: _____

WERE YOU A MISSOURI RESIDENT WHEN YOU ENTERED THE MILITARY? Y OR N

WHICH SEMESTER ARE YOU APPLYING FOR? SPRING FALL SUMMER _____ YEAR

HAVE YOU FILED YOUR 2016-2017 FAFSA? _____

WHAT VETERAN EDUCATIONAL BENEFITS WILL YOU RECEIVE WHILE ATTENDING CC?

- CH 30 MONTGOMERY GI BILL
- CH 31 VOC. REHAB
- CH 33 POST 9/11 _____ %
- CH 1606 MGIB RESERVE/ NATIONAL GUARD
- CH 1607 REAP RESERVE EDUCATION ASSISTANCE
- NO BENEFITS

SIGNATURE

DATE