

## ELIGIBILITY GUIDELINES FOR THE KANSAS HERO'S SCHOLARSHIP FOR PRISONERS OF WAR



### **WHAT BENEFITS ARE AVAILABLE?**

The Kansas Hero's Scholarship Act (K.S.A. 75-4364) provides an opportunity for eligible prisoners of war to attend an eligible Kansas postsecondary educational institution without payment of tuition and required fees. Required fees are charges required by an institution to be paid by every student as a condition of enrollment, and do not include all other charges associated with the student's academic program or living costs. The student will be responsible for all other charges associated with the student's academic program – including books, materials, living costs, etc.

### **WHO IS ELIGIBLE TO APPLY?**

**Prisoners of War:** An individual who is eligible for this benefit must meet both of the following criteria:

- The individual was a resident of Kansas when they entered active service in the United States armed forces; **AND**
- the individual, while serving in the United States armed forces, was declared a prisoner of war, as established by the United States Secretary of Defense after January 1, 1960.

### **REQUIRED DOCUMENTATION**

Applicants must provide documentation showing they were a resident of Kansas when entering the United States armed forces.

Applicants must also provide one of the following documents to show proof of POW status:

- A letter from the Veteran's Administration, the Department of Defense, or an Armed Services department verifying POW status
- A DD Form 214 identifying POW status
- A military medical identification card identifying POW status, or a POW card issued by the detention facility

### **LENGTH OF ELIGIBILITY**

Each eligible prisoner of war may qualify for tuition and fee waivers for a total of ten (10) semesters of undergraduate instruction, or the equivalent thereof. Summer semesters are eligible for funding and count as 1/3 of a semester of eligibility.

### **WHERE CAN ELIGIBLE STUDENTS ENROLL?**

Enrollment without charge of tuition or required fees will be possible at **Kansas educational institutions**, which means public institutions including technical colleges, community colleges, the state universities, and Washburn University.

Questions? Email: [scholars@ksbor.org](mailto:scholars@ksbor.org) Phone: 785-430-4254

**APPLICATION FOR THE KANSAS HERO'S SCHOLARSHIP  
FOR PRISONERS OF WAR**



Students seeking tuition/fee assistance as prisoners of war must complete and return this form and supporting documentation to the Kansas Board of Regents at [scholars@ksbor.org](mailto:scholars@ksbor.org), or by mail at 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612. Assistance will be provided if a student meets eligibility criteria and appropriate funding is available. Please read the guidelines on the cover page of this form to assist in determining whether you meet the eligibility criteria for this benefit. Please provide all relevant required documentation in addition to submitting this form. Applications that do not include required documentation will be denied.

\_\_\_\_\_  
Name of Eligible Prisoner of War Student ID, if known

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Email address Phone Number

\_\_\_\_\_  
Educational Institution you will be attending

Enrollment Start Date: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_  
Month/Year Month/year

\_\_\_\_\_  
Branch of the U.S. Armed Services Served Date of Active Service

\_\_\_\_\_  
Home address at time of entering service (include city and state) Dates POW lived at this address

\_\_\_\_\_  
Date and location POW status was conferred (please provide documentation)

By signing this application form, I attest that the above statements and the supporting documentation are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

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

**Affidavit to be filled out by Notary Public**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BE IT REMEMBERED that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned, a notary public in and for the county and state aforesaid, came \_\_\_\_\_ who is personally known to me to be the same person who executed the foregoing instrument, and such person duly acknowledged the execution of the same.

\_\_\_\_\_  
Notary Public

My appointment expires: \_\_\_\_\_