



ELIGIBILITY GUIDELINES FOR THE KANSAS HERO'S SCHOLARSHIP

WHAT BENEFITS ARE AVAILABLE?

The Kansas Hero's Scholarship Act (K.S.A. 75-4364) provides an opportunity for eligible dependents and spouses of certain deceased/disabled public safety officers and military personnel to attend an eligible Kansas postsecondary educational institution without payment of tuition and required fees. 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?

- Dependents or spouses of a disabled or deceased military personnel who is a Kansas resident **AND**:
 - Died or became disabled as a result of active military service on or after September 11, 2001; **OR**
 - Is entitled to compensation for a service-connected disability of at least 80% as a result of injuries or accidents sustained in combat after September 11, 2001.

- Dependents or spouses of a Kansas public safety officer who:
 - Was injured or disabled while performing duties as a public safety officer; **OR**
 - Died as a result of injury sustained while performing duties as a public safety officer.

REQUIRED DOCUMENTATION

Proof of service-connected death:

- *Military Only:* DD Form 1300 showing death was service-related; **OR**
- A death certificate showing the death of the public safety officer/military personnel was service-related.
- If death certificate does not show that the death was service-related, additional documentation should be provided to show the connection between the death and service – this could include medical documentation, official documentation from the employer, etc. Documentation should be conclusive.

Proof of service-connected disability:

- *Military Only:* A letter from the VA outlining the servicemember has a service-connected disability, including the combined percentage rating of service-connected disability evaluation, dates of service, and the effective date of the latest disability determination.
- Medical documentation from a certified physician and a letter from the injured/disabled person's employer addressing the extent of the injury/disability, that the injury/disability was sustained while on duty, and how such injury/disability prevents the injured individual from performing the duties at or above the pay level of the position the person held at the time of injury.

Proof of relationship between applicant and public safety officer/military personnel:

Spouse: A marriage certificate providing evidence of marriage between the applicant and the public safety officer/military personnel.

Dependent: A birth certificate or a certificate of adoption showing the relationship between the applicant and the public safety officer/military personnel. In the case of a stepparent who has not legally adopted the applicant, acceptable documentation would include a marriage certificate between the public safety officer/military personnel and the biological/adoptive parent, as well as a birth certificate or adoption certificate with the biological/adoptive parent's information listed.

Proof of Residency (Military Personnel Only): Proof that the military personnel is a resident of Kansas (or was a resident of Kansas at the time of death) – resident means present and fixed domiciliary residence.

LENGTH OF ELIGIBILITY

Each eligible dependent or spouse 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.

DEFINITIONS (in alphabetical order):

Dependent: Includes birth child, adopted child, stepchild, or any other child who is dependent in whole or in part to such individual by marriage or consanguinity.

Disability/Injury: Any lesion or change in the physical structure of the body causing damage or harm thereto that is not transitory or minor AND occurred only by accident, intentional act of violence, or repetitive trauma. An eligible disabled/injured individual has been rendered incapable of performing duties of the following:

- The position being performed at the time the injury/disability was sustained
- Any position that is at or above the pay level of the position the person was in at the time the injury or disability was sustained, if the person is a paid employee

Required Fees: Charges required by an institution to be paid by every student as a condition of enrollment. "Fees" do not include all other charges associated with the student's academic program or living costs.

Military Personnel: Any person who had active military service in any armed service branch of the United States military, and any person who had active state or federal service in the Kansas army or air national guard.

Public Safety Officer: A law enforcement officer, a firefighter, an emergency medical service provider, or a public safety employee.

- Law Enforcement Officer: vested by law with a duty to maintain public order or to make arrests for violation of the laws of the state of Kansas or ordinances of any municipality thereof; or with a duty to maintain or assert custody or supervision over persons accused/convicted of a crime. Includes wardens, superintendents, directors, security personnel, officers, and employees of adult and juvenile correctional institutions, jails or other institutions/facilities for the detention of persons accused/convicted of a crime.
- Firefighter: A person employed by any city, county, township or other political subdivision of the state of Kansas and who is assigned to the fire department thereof, and engaged in the fighting/extinguishment of fires. This can also include volunteer members of any fire district, department or fire company in the state of Kansas.
- Emergency Medical Service Provider: An emergency medical responder, advanced emergency medical technician, emergency medical technician or paramedic certified by the emergency medical services board.
- Public Safety Employee: Any employee of a law enforcement office, sheriff's department, municipal fire department, volunteer/non-volunteer fire protection association, emergency medical services provider or correctional institution of the department of corrections.

Spouse: A person married to the military personnel/public safety officer, who has not remarried.

Questions? Email: scholars@ksbor.org Phone: 785-430-4254

**APPLICATION FOR THE KANSAS HERO'S SCHOLARSHIP
FOR DEPENDENTS AND SPOUSES OF PUBLIC SAFETY
OFFICERS AND MILITARY PERSONNEL**



Students seeking tuition/fee assistance as dependents or spouses of certain military personnel must complete and return this form and all required supporting documentation to: scholars@ksbor.org, or mail to Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612. Assistance will be provided if a student meets eligibility criteria and appropriated funding is available. Please read the definitions on the cover page of this form to assist in determining whether you will be eligible 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 Applicant (eligible dependent or spouse)

Student ID, if known

Street

City

State

Zip Code

Applicant Email address

Applicant Phone Number

Educational Institution the Applicant will be Attending

Enrollment Start Date: _____
Month/Year

Anticipated Graduation: _____
Month/year

Applicant is a dependent/spouse of a (select one):

____ Military Personnel

____ Emergency Medical Services Provider

____ Law Enforcement Officer

____ Public Safety Employee

____ Firefighter

Military Personnel or Public Safety Officer is (select one):

____ Disabled ____ Deceased

Applicant's Relationship to Disabled/Deceased Military Personnel or Public Safety Officer:

____ Spouse ____ Biological child ____ Adopted child ____ Stepchild ____ Other dependent child

Name of Deceased/Disabled

Date of Death or Onset of Disability

Home Address of Deceased/Disabled Military Personnel or Public Safety Officer

Cause of Death or Disability (attach documentation as described on informational cover page)

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.

Student-Applicant Signature

Date

This form must be notarized before it can be submitted for review.

Affidavit to be filled out by a 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 Signature

My appointment expires: _____