



## 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 public 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. This benefit only applies to undergraduate coursework.

**APPLICATION DEADLINES:** Applicants are encouraged to submit their completed form and required documentation as soon as they know which eligible school they will be attending. This is not a competitive scholarship. All applicants who submit their completed form and required documentation by the deadline and are determined by the Kansas Board of Regents to be eligible for the scholarship will receive the scholarship beginning the semester for which they submitted their application on time. *Example: Students can apply for the Fall 2023 semester through December 1, 2023.*

**Fall Semester: December 1**

**Spring Semester: May 1**

**Summer Semester: July 1**

### **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 Kansas public safety officer, **OR**
  - Died as a result of injury sustained while performing duties as a Kansas public safety officer.

### **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. Eligibility will begin during the first semester following the application. If currently enrolled when applying, eligibility will start during the current semester for which an applicant met the application deadline. Eligibility is not retroactive – we cannot provide this benefit for semesters that have already passed.

### **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, state universities, and Washburn.

### **REQUIRED DOCUMENTATION**

#### ***Proof of service-connected death:***

- *Military Only:* DD Form 1300 showing death was service-related and a VA award letter showing death was service-related; **OR**
- A death certificate showing the death of the public safety officer/military personnel was service-related.
- If a death certificate, VA letter, or DD Form 1300 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.

## **REQUIRED DOCUMENTATION CONTINUED**

### ***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 current resident of the state of Kansas (or was a resident of the state of Kansas at the time of death) – Kansas resident means present and fixed domiciliary residence. Acceptable documentation includes a current, unexpired Kansas-issued ID card or current Kansas Voter Registration records. Other residency documentation can be reviewed on a case-by-case basis.

### **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 who served or is serving in the state of Kansas.

- 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](mailto:scholars@ksbor.org) Phone: 785-430-4300**

**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](mailto: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. 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.

**APPLICATION DEADLINES: Fall Semester: December 1; Spring Semester: May 1; Summer Semester: July 1**

\_\_\_\_\_  
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 Military Personnel or Public Safety Officer

\_\_\_\_\_  
Date of Death or Onset of Disability

\_\_\_\_\_  
Current Home Address of Military Personnel or Public Safety Officer (if deceased, then please provide home address at time of death)

\_\_\_\_\_  
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: \_\_\_\_\_

Submission by email is preferred but mailed applications will also be reviewed. Please submit completed form and required documentation to:

Email: [scholars@ksbor.org](mailto:scholars@ksbor.org)

Mailing Address:  
Kansas Board of Regents  
1000 SW Jackson, Suite 520  
Topeka, KS 66612