



## ELIGIBILITY GUIDELINES FOR A WAIVER OF TUITION/FEEES FOR DEPENDENTS & SPOUSES OF DECEASED & DISABLED MILITARY PERSONNEL

### WHAT BENEFITS ARE AVAILABLE?

K.S.A. 75-4364 provides an opportunity for (1) eligible dependents and spouses of certain military personnel who have died or become disabled on or after September 11, 2001, while, and as a result of serving in active military service to enroll at eligible Kansas postsecondary educational institutions without payment of tuition or fees. **Enrollment without payment of tuition and fees** means that an eligible student will be allowed to enroll without payment of tuition or required fees at an eligible institution. The student will be responsible for all other charges associated with the student's academic program and living costs.

### WHO IS ELIGIBLE TO APPLY?

**Military personnel:** A deceased or disabled individual whose dependents and spouses may be eligible for this tuition waiver is an individual who meets all of the following criteria: (1) the deceased or disabled individual was a Kansas resident; (2) the individual was serving in active military service, which means active service in any armed services of the United States and any active state or federal service in the Kansas army or air national guard, at the time of his or her death or disability; and (3) the person died or was disabled (at least 80% service-connected disability as a result of injury or accident sustained in combat) on or after September 11, 2001, while, and as a result of serving in military service.

Acceptable forms of documentation include DD Form 1300, a telegram or mailgram notification of death. A newspaper obituary may be submitted but is not necessarily conclusive.

Additional documentation for a dependent must include proof of the applicant's dependent relationship to the deceased or disabled public safety officer. A birth certificate or certificate of adoption would be acceptable documentation.

Additional documentation for a spouse must include proof of the marriage. A marriage certificate would be acceptable documentation.

A **dependent** is defined to include: a birth child, adopted child, or stepchild OR any child other than the foregoing who was actually dependent in whole or in part on the deceased or disabled individual AND who is related to the deceased individual by marriage or consanguinity. A **spouse** is the spouse of a deceased or disabled member of the military service who has not remarried.

### LENGTH OF ELIGIBILITY

Each eligible dependent may qualify for tuition and fee waivers for a total of ten (10) semesters of undergraduate instruction or the equivalent thereof.

### WHERE MAY 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.

## Application for a Waiver of Tuition and Fees for Dependents and Spouses of Deceased and Disabled Military Personnel

Students seeking tuition/fee assistance as dependents or spouses of certain military personnel must complete and return this form and supporting documentation to: Kansas Board of Regents, 1000 S.W. Jackson, Suite 520, Topeka, KS, 66612, or email to: [scholars@ksbor.org](mailto:scholars@ksbor.org). 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.

\_\_\_\_\_  
Name of eligible dependent/spouse Student ID, if known

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

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

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

\_\_\_\_\_  
Name of Deceased Military Personnel, if applicable Date of Death

\_\_\_\_\_  
Name of Disabled Military Personnel, if applicable Onset of disability: Month/Year

\_\_\_\_\_  
Home Address of Deceased or Disabled Military Personnel at time of death or disability (including city & state)

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

Your relationship to Deceased:

\_\_\_ biological child \_\_\_ adopted child \_\_\_ stepchild \_\_\_ other dependent child \_\_\_ spouse

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

\_\_\_\_\_  
Date

**Affidavit**

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: \_\_\_\_\_