ELIGIBILITY GUIDELINES FOR THE KANSAS HERO’S SCHOLARSHIP - MILITARY

WHAT BENEFITS ARE AVAILABLE?
The Kansas Hero’s Scholarship Act (K.S.A. 75-4364) establishes a waiver which provides an opportunity for eligible dependents and spouses of certain deceased or disabled military servicemembers 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. This waiver is only available for 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.

Fall Semester: December 1  
Spring Semester: May 1  
Summer Semester: July 1

WHO IS ELIGIBLE TO APPLY?
Dependents or spouses of a current or former military servicemember, provided that the servicemember is a current resident of the State of Kansas (or was a resident of the State of Kansas at time of death) AND falls into one of the following categories:

- Died 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, OR
- Became injured or disabled on or after September 11, 2001, as a result of active military service, and that injury or disability rendered them incapable of performing both the duties of the servicemember’s position at the time the injury or disability was sustained and the duties of any position that is at or above the pay level of the servicemember’s position.

Applicant must provide documentation showing all requirements are met by the applicant and servicemember. Please review the required documentation section on page 2 and definitions on page 3 to ensure you meet eligibility requirements and provide the relevant documentation.

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. 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?
Public Kansas postsecondary educational institutions, which includes public technical colleges, public community colleges, public state universities, and Washburn. This scholarship is not available for attendance at private or independent institutions. This scholarship is not available at out-of-state institutions.

PLEASE NOTE: Individuals who are also using Chapter 33 Post-9/11 GI Bill benefits should carefully consider how the Hero’s scholarship may affect those benefits. We encourage students to talk with their school’s military-affiliated centers/staff about how to maximize all of their entitlements.

Questions?  Email: scholars@ksbor.org  Phone: 785-430-4300

Please review the required documentation listed on the next page.
REQUIRED DOCUMENTATION

1. **Proof of service-connected death or disability:**
   
   **Service-Connected Death:** The servicemember died **as a result of** active military service on or after Sept. 11, 2001.
   
   1. A copy of the servicemember’s DD214 and/or other separation documents; **AND**
   2. A copy of the DD Form 1300 showing the servicemember’s death was service-related **and** happened while the servicemember was on active duty; **AND**
   3. A death certificate showing the servicemember’s cause of death.
   
   Additional documentation can 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. Obituaries will not be accepted as documentation.

   **Service-connected Disability:**
   
   You must submit all documentation listed under **ONE** of the following categories:

   **Category 1:** The servicemember 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.
   
   1. A copy of the servicemember’s DD214 and/or other separation documents; **AND**
   2. A letter from the United States Department of Veterans Affairs (VA) outlining the servicemember has a service-connected disability, including the combined percentage rating of service-connected disability evaluation of 80% or more, dates of service, and the effective date of the latest disability determination; **AND**
   3. Evidence that proves the servicemember was in military combat, like:
      - Imminent danger or hostile fire pay records; **OR**
      - Official service records that show the servicemember was engaged in combat, hazardous duty, or war activity; **AND**
   4. Evidence that proves the servicemember’s disability or injuries are the result of a combat-related event, such as service medical records. These must be from when the injury happened. They must show the severity of the medical condition and that it’s combat-related. You may also provide any other medical evidence related to the illness or injury that was sustained in combat. **Provide only relevant medical records. Please don’t send us all your medical records.**

   **Category 2:** The servicemember became injured or disabled **as a result of** active military service on or after September 11, 2001, **and** was rendered incapable of performing duties for the position being performed at the time the injury or disability was sustained and any position that is at or above the pay level of that position.
   
   1. A copy of the servicemember’s DD214 and/or other separation documents; **AND**
   2. A letter from the United States Department of Veterans Affairs (VA) outlining the servicemember has a service-connected disability, including the combined percentage rating of service-connected disability evaluation of 80% or more, dates of service, and the effective date of the latest disability determination; **AND**
   3. Evidence that proves the injury/disability caused the servicemember to be incapable of performing duties for the military position being performed at that time, and any position that is at or above the pay level of that position.

2. **Proof that the servicemember is a Kansas resident:**
   
   For deceased servicemember, death certificate should be sufficient in most cases, but additional documentation may be requested if residency at time of death cannot be clearly determined.
   
   1. A copy of the servicemember’s last Leave and Earnings statement or a copy of page 1 of the servicemember’s most recent state income tax returns.
   2. If the above documentation cannot be provided, please provide other residency documentation for review.

3. **Proof of relationship between applicant and servicemember:**
   
   **Spouse:** A marriage certificate providing evidence of marriage between the applicant and the servicemember.

   **Dependent:** A birth certificate or a certificate of adoption showing the relationship between the applicant and the servicemember. In the case of a stepparent who has not legally adopted the applicant, acceptable documentation would include a marriage certificate between the military personnel and the biological/adoptive parent, as well as a birth certificate or adoption certificate with the biological/adoptive parent’s information listed. In the case of dependents who are neither children nor stepchildren of the servicemember, please contact us for guidance on acceptable documentation.
DEFINITIONS (in alphabetical order):

**Combat:** Active duty service in a theater of combat operations; have received imminent danger or hostile fire pay or have received a combat service medal.

**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.

**Injured or disabled:** An eligible injured or disabled individual has been rendered incapable of performing duties of the following:

- The position being performed at the time the injury or disability was sustained; and
- 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.

For the purposes of this definition, an injury or disability is 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.

**Required Fees:** Charges required by an institution to be paid by every student as a condition of enrollment. These do not include other charges associated with the student's academic program or living costs, such as program/lab/course fees, books, materials, living costs, optional expenses, etc.

**Service-connected death or disability:** The death or injury was directly caused by the servicemember’s active military service. Death or injury happening while on active duty is not sufficient – the death or injury must have been a direct result of the servicemember’s active-duty service, as shown by documentation provided with the application.

**Servicemember:** 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.

**Resident of Kansas:** A person who has present and fixed domiciliary residence in the State of Kansas where the person intends to remain for an indefinite period and to which the person intends to return following absence.

**Spouse:** A person currently married to the servicemember, or who was married to the servicemember at the time of the servicemember’s death and who has not remarried.

Questions? Email: scholars@ksbor.org  Phone: 785-430-4300
APPLICATION FOR THE KANSAS HERO’S SCHOLARSHIP
FOR DEPENDENTS AND SPOUSES OF MILITARY SERVICEMEMBERS

Students seeking tuition and fee waivers as dependents or spouses of certain military servicemembers must complete and return this form and all required supporting documentation to: scholars@ksbor.org, or mail to Kansas Board of Regents, 1000 SW Jackson, Suite 520, Topeka, KS, 66612. Waivers will be provided if a student meets eligibility criteria. Please read the instructions and 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 (DO NOT LEAVE THIS BLANK)

Enrollment Start Date: ____________________                        Anticipated Graduation: ____________________
MONTH/YEAR                      MONTH/YEAR

Applicant’s relationship to servicemember (DOCUMENTATION REQUIRED):
☐ Spouse       ☐ Biological child      ☐ Adopted child      ☐ Stepchild      ☐ Other dependent

Name of servicemember: ________________________________________________

Is the servicemember a resident of the State of Kansas?  ☐ Yes    ☐ No

When did the servicemember become a Kansas resident (MONTH/YEAR)? ______________________________

In what state did the servicemember file their most recent state income tax return? ______________________

Is the servicemember registered to vote in the State of Kansas? ☐ Yes    ☐ No

Servicemember’s current permanent address (DOCUMENTATION REQUIRED):
(if deceased, please provide permanent address at time of death)
__________________________________________________________________________________________
Street                                                                                             City                                                            State                     Zip Code
Servicemember is (SELECT ONE – DOCUMENTATION REQUIRED):

☐ Deceased  Date of Death _______________  Was the death a result of active military service?  ☐ Yes  ☐ No

☐ Disabled  Date injury or disability occurred _______________

Cause of Servicemember’s Death or Disability (DOCUMENTATION REQUIRED)

Was the injury or disability sustained in combat?  ☐ Yes (DOCUMENTATION REQUIRED)  ☐ No

If the injury or disability was not sustained in combat, did the injury or disability render the servicemember incapable of performing duties of the following:

I. The position being performed at the time the injury or disability was sustained:  ☐ Yes  ☐ No

II. 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:  ☐ Yes  ☐ No

By signing this application form, I declare under penalty of perjury under the laws of the state of Kansas that the above is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

___________________________________________  ___________________________
Student-Applicant Signature  Date

Submission by email is preferred but mailed applications will also be reviewed. Please submit completed form and required documentation to: scholars@ksbor.org or mail to the Kansas Board of Regents, 1000 SW Jackson, Suite 520, Topeka, KS 66612

PLEASE NOTE: Individuals who are also using Chapter 33 Post-9/11 GI Bill benefits should carefully consider how the Hero’s scholarship may affect those benefits. We encourage students to talk with their school’s military-affiliated centers/staff about how to maximize all of their entitlements. Generally, when a Chapter 33 user receives other aid that is designated solely for tuition and fees (known as restricted aid), the VA’s last payer clause states that VA will only pay any remaining tuition/required fees after restricted aid is applied. Because the Hero’s scholarship is restricted aid that waives the entirety of an individual’s undergraduate tuition and required fees for up to 10 semesters of undergraduate coursework, there is no tuition for the VA to pay when a student receives the Hero’s scholarship. Students can still receive their Ch. 33 monthly housing allowance and book stipend, however, we encourage students to talk with their school’s military-affiliated centers/staff about how to maximize all of their entitlements.

Questions?  Email: scholars@ksbor.org  Phone: 785-430-4300