Clear Form

Pennsylvania
Department of Military and Veterans Affairs

Bureau of Veterans Programs | Lickdale Veterans' Outreach Center
40 Fisher Avenue, Jonestown, PA 17038-8202 | 1-800-547-2838

APPLICATION FOR EDUCATIONAL GRATUITY

DMVA Use Only

Privacy Act Statement: Personal identifiable information, including social security numbers, is requested on this form. This information is solicited under 51 Pa.C.S. § 8701. It will be used for routine uses within the Department of Military and Veterans Affairs and may also be disclosed to other state, federal, or local agencies as required to process the application. Disclosure is voluntary but if the information is not provided, we may not be able to process the application.

Eligibility Requirements:

- The Veteran was discharged from the armed forces of the United States under honorable conditions; was awarded a permanent 100% disability compensation rating by the U.S. Department of Veterans Affairs; or died as a result of wounds incurred, all during a period of war, armed conflict, terrorist attack, or peacetime hostile fire.
- The Veteran's child is between ages 16 and 23; was a resident of the Commonwealth for five years immediately preceding date of application; is attending an approved educational institution in Pennsylvania; and demonstrates financial need.

1. Veteran Information (Attach copy of DD-214 and VA Summary of Benefits letter or completed VA Form 3288.)

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

DOB: _____ SSN: _____ Phone: _____ E-mail: _____

Discharge: --Select One-- Wartime? ☐ P&T Disabled ☐ Deceased ☐ Date of Death: _____

Mailing Address City State ZIP Code

_____ _____ _____ _____

2. Spouse/Surviving Spouse Information

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Telephone: _____ Cell: _____ E-mail: _____

Mailing Address (if different than veteran) City State ZIP Code

_____ _____ _____ _____

Is Veteran and/or surviving spouse homeless or in need of housing assistance? Yes ☐ No ☐

3. Child/Student Information (Attach copy of state-issued birth certificate and valid photo identification.)

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Social Security No.: _____ Date of Birth: _____ Current Age: _____

Telephone: _____ Cell: _____ E-mail: _____

Resident of PA for last five years? Yes ☐ No ☐ PA County: --Select One--

Child is or will be living: At Home ☐ On Campus ☐ or Off Campus ☐ (Attach proof of rent if living off campus.)

Off-Campus Address (if applicable) City State ZIP Code

_____ _____ _____ _____

4. School Information

Name of Educational Institution: _____

Mailing Address City State ZIP Code

_____ _____ _____ _____

Date of Entry: _____ Tentative Completion or Graduation Date: _____

If program or course of instruction is less than one year, provide number of months for completion: _____

Information on the student's cost of attendance and financial aid will be supplied by the educational institution.

If attending a second school concurrently, please identify the second school to split the gratuity, if desired.

Name of Educational Institution: _____

Address: _____ _____ _____ _____

Date of Entry: _____ Tentative Completion/Graduation Date: _____

If program or course of instruction is less than one year, provide number of months for completion: _____

5. PA Veterans' Registry. Check here to register for DMVA e-mail on related veterans' benefits, services, and news. ☐

6. Applicant Demographic Information (These optional questions are posed under Pa. Executive Order 2022-02.)

Gender. Are You (mark all that apply): Female ☐ Male ☐ Transgender, Non-binary, or Another Gender ☐

Sexual Orientation. Which of the following best represents how you think of yourself?

Gay or Lesbian ☐ Straight (not gay or lesbian) ☐ Bisexual ☐ I don't know ☐ I use a different term ☐

What term do you use? _____

Race. Check all that apply.

Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian ☐ White ☐

Other _____

Ethnicity. Hispanic or Latino ☐ Non-Hispanic or Latino ☐

7. Certification. The law provides severe penalties, including fines and imprisonment, for making false statements on official forms such as this form. By signing this application, we certify that the information provided is true and correct to the best of our knowledge, information and belief. We understand this certification is made subject to the penalties of 18 Pa.C.S. § 4904, pertaining to unsworn falsification to authorities.

× _____ _____

Applicant's Signature (Child/Student) Date (mm/dd/yyyy)

× _____ _____

Signature of Veteran or Surviving Spouse, as appropriate Date (mm/dd/yyyy)

Applicants are also required to complete OVA-BVP Form 071, Consent to Release of Information, and OVA-BVP Form 023, Consent to Release of Information to Parents, with this application form.

HOW TO SUBMIT THE APPLICATION

Applications may be forwarded to DMVA by county offices of veterans affairs through secure electronic means. Applicants who wish to mail or fax paper applications and supporting documents should use the following address:

PA Department of Military and Veterans Affairs
Lickdale Veterans' Outreach Center (BVP-EG)
40 Fisher Avenue, Jonestown, PA 17038-8202

Or fax to the attention of "EG" at (**717) 861-9084**. For security reasons, please do not e-mail completed applications.

APPEAL PROCEDURES

Higher-level review. An applicant may ask the Bureau to review an initial decision by submitting a written request for review to the address above, including a statement of reasons and any supplemental evidence, within 40 days of the mailing date stated on the notice. The Bureau will write to notify an applicant of its determination on higher-level review within 30 days of receipt of a timely request.

Appeal. An applicant may appeal the Bureau's decision on higher-level review to the Adjutant General within 40 days of the mailing date stated on the notice of the Bureau's decision. Appeals shall be in writing to the address above, shall state the reasons for the appeal and describe the relief requested.

CLEAR FORM

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CONSENT TO RELEASE OF EDUCATIONAL INFORMATION TO PARENTS

Date received by DMVA

To: PA Department of Military and Veterans Affairs

From: _____ ____ _____
Student's First Name MI Last Name

_____ PA _____
Permanent Street Address City State ZIP

Under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, the PA Department of Military and Veterans Affairs is permitted to disclose information from state educational benefit records to your parents if you are claimed by one or both as a dependent for federal income tax purposes. Please indicate whether your parents claim you as a tax dependent.

Check the appropriate box:

☐ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.

☐ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that the PA Department of Military and Veterans Affairs may disclose information from state educational benefit records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my state educational benefit records to my parent(s), for reasons determined by the PA Department of Military and Veterans Affairs as appropriate. This authorization will remain in effect for the _____ school year.*

Signature: _____ Date: _____

If your parents live at the same address, please list both in block 1. If separately, use blocks 1 and 2.

1.	2.
Name(s)	Name(s)
Address	Address
City, State ZIP	City, State ZIP
Telephone	Telephone

**Students cannot be denied state educational benefits if they refuse to provide consent.*