



## Missouri Returning Heroes Education Act Application

**INSTRUCTIONS:**

1. Complete entire form.
2. Sign and date form.
3. Attach a copy of your most recent DD-214 form with application.
4. Attach copy of your orders into the combat zone with application .
5. Return original completed form, with attachments to the office referenced above.

**STUDENT INFORMATION – PLEASE PRINT**

Student Name:	Student ID:
Address:	City/State/Zip:
Telephone No.:	E-mail:

**STUDENT ACKNOWLEDGEMENT – CHECK ALL THAT APPLY**

<input type="checkbox"/>	Was a veteran who served in armed combat in the military after September 11, 2001
<input type="checkbox"/>	I served in a combat zone, as designed by the U.S. Department of Defense.
<input type="checkbox"/>	I was a member of the Reserves or National Guard serving in an armed combat in a full-time capacity under a call to active service authorized by the U.S. President or Secretary of Defense for a period of more than 30 days.
<input type="checkbox"/>	I am/was a Missouri resident when first entering the military.
<input type="checkbox"/>	I was discharged from military service under honorable conditions.

**VETERAN EDUCATIONAL BENEFITS**

I will be receiving the following veteran educational benefits:

<input type="checkbox"/> Chapter 33	<input type="checkbox"/> Chapter 30	<input type="checkbox"/> Chapter 31	<input type="checkbox"/> Chapter 1606
<input type="checkbox"/> Chapter 1607 <input type="checkbox"/> I do not plan on using any veteran benefits			

**STUDENT ACKNOWLEDGEMENT**

By signing below, I confirm the information provided is true and accurate, and I do meet the criteria set forth by the *Missouri Returning Heroes Act*. In addition, I acknowledge the final reward received will be reduced by any federal and/or state gift aid received for the applicable semester (to include, but not limited to grants and any veteran awards). This application form is valid from the onset of attendance until conclusion or within ten (10) years of the date of your last discharge from service, whichever comes first. I understand in order to continue to receive this benefit, I must achieve a 2.5 cumulative GPA at the end of the first and all subsequent semesters enrolled at Lincoln University. At any time my cumulative GPA falls below 2.5, I will no longer be eligible to receive this benefit at Lincoln University.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_