



Missouri Returning Heroes Education Act Application

Missouri State University

All application materials must be received in Veteran Student Services, Carrington Hall 314, for consideration.

Student Information

1) Name: _____
First Middle Initial Last

2) BearPass #: M _____ Date of Birth: _____
(Month, Day, Year)

3) Address: _____
Street

_____ *City State Zip () Phone*

4) To qualify for Missouri Returning Heroes, you must have served in a combat zone anytime between September 11, 2001 and the present, have been a Missouri resident at the time of first entering the military and have been honorably discharged? Please indicate the location and dates of your service.

Location: _____

Dates: _____

5) Were you a Missouri resident when you entered the military? _____

6) What veteran educational benefits will you receive while attending Missouri State University?

- Chapter 33: Please specify the percentage that you will receive _____
- Chapter 30
- Chapter 31
- Chapter 1606
- Chapter 1607
- No Benefits

7) For which semester are you applying? Circle: Fall Spring Summer ____ (year)

8) To facilitate the process of your application, please attach the most recent long form of your DD 214 to this application and return it to Veteran Student Services located in Carrington Hall, Room 314.

Signature

Date