

Frank Edelblut Commissioner Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
Division of Educator Support & Higher Education
Higher Education Commission
101 Pleasant Street
Concord, NH 03301
TEL. (603) 271-3495
FAX (603) 271-1953

Initial Application for Scholarships for Orphans of Veterans [Deadline Date: September 1]

APPLICANT Name of Applicant: _____ First M.I Last Place and Date of Birth: Mailing Address: Telephone Number: E-Mail Address: Present Legal Residence: [Please provide proof of residency per N.H. Code of Administrative Rules, Hedc 502.03 (see attached) and complete the enclosed W-9 and return with application.] LIVING PARENT OR GUARDIAN Name/Address of Living Parent or Guardian: **DECEASED PARENT** Name of Parent Who Served in the Military: ______ VA File Claim Number: _____ Social Security Number: _____ Date Parent Entered the Military: Date Parent Exited the Military: _____ Legal Residence at Time of Death:

Place and Date of Death:

Did the deceased parent die as the result	of a service-c	onnected disa	ability? [] Yes []No	
N.H. PUBLIC INSTITUTION					
Name/Address of Institution you Plan to A	Attend or Are	Attending: _			
And the state of t		- 1° - 1			
Academic year in school for which assistan	nce will be ap	plied:			
Date you Plan to Enter the Institution: [] Undergraduate	/	/	as an		
[] Freshman [] Sophomore [] Graduate	[] Junior	[] Senior			
I declare, under the penalty of perjury, th	at the answer	s to the abov	e auestions a	are true and correct to	
the best of my knowledge and belief.	at the answer	3 to the abov	e questions e	are true and correct to	
Signature of Applicant			Date		
CERTIFICAT	TION OF PARI	ENT OR GUAF	RDIAN		
Name of Parent/Guardian (Please Print) Signature o			Parent/Gua	rdian	
State of New Hampshire County of	SS				
Personally appeared before me this	day of			_, 20,	
		, known to	me to be the	e person whose	
signature is subscribed to the foregoing in	istrument, wh	no made oath	that the mat	tters contained in said	
statement are true to the best of his/her l	knowledge ar	d belief.			
		Justice of the Peace/Notary Public			
My commission expires					
PLEASE COMPLETE AND RETURN TO:	Division of E	. Department of Education sion of Educator Support and Higher Education Pleasant Street			

TDD Access: Relay NH 711
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

Concord, NH 03301