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**Department of Defense, Veterans and Emergency Management
Bureau of Veterans' Services
State House Station 117
Augusta, Maine 04333-0117**

VETERANS' DEPENDENTS EDUCATIONAL BENEFITS PROGRAM APPLICATION

Applicant (Student) Information

Name:	Birth Date:	SS#:	Tel:#
Street Address:		City/Town:	Zip:
Relationship to Veteran: () Child; () Spouse; () Widow/Widower; () Step-child		School Name:	Semester of First Attendance:
Class Entering: () Freshman () Sophomore () Junior () Senior		Non-Veteran Parent's Name & Address:	

***NOTE: Children and step-children must be enrolled in a degree program and were awarded benefits under this subsection prior to the child's 22nd birthday. If the child is unable to enroll in a degree program prior to turning 22 years of age due to service in the US Armed Forces, then the child may apply to begin this benefit until reaching 26 years of age. (If unable to enroll due to military service, a copy of DD214 must be submitted with this application).**

Veteran Information

Name:	SS#:	Telephone #:	
Residency at Time of Entry into Military (If other than Maine, proof of residency must be submitted with application.):	Current Legal Residency (City/Town/State):	Length of Time Veteran has been a Resident of Maine:	
Current Mailing (Street) Address:	City/Town:	State:	Zip:

Check the statement that applies to the veteran:

() Living and is permanently & totally disabled of a service-connected cause as a result of service.

() Was Killed in Action.

() Died from a service-connected disability as a result of service.

() At the time of death was totally and permanently disabled due to service-connected disability, but whose death was not related to the service-connected disability

() Is a member of the Armed Forces on active duty who has been listed for more than 90 days as missing in action, captured, or forcibly detained or interned in the line of duty by a foreign government or power.

I certify that the above information is correct. _____

(Signature of Veteran) (Date)

Veteran signature also allows Bureau of Veterans' Services to verify disability through the VA.

(Signature of applicant (student)) (Date)

IF APPLICANT IS A STEPCCHILD: At least 5 years must have elapsed since the veteran married the parent of the stepchild before the stepchild is eligible for these benefits and the biological parent of the step-child must reside in the veteran's household while the stepchild receives these educational benefits.

PENALTY FOR FALSE STATEMENT OF FRAUDULENCY: Whoever knowingly makes a false statement, oral or written, relating to a material fact in support of application for aid under this section could be guilty of a violation of Title 17-A, MRSA.



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Camp Keyes, Augusta, Maine 04333-0117**

Veterans Dependents Educational Benefits Program
School Release of Information Form

I give permission to the University of Maine System, Community College System and/or Maine Maritime Academy to release to the Bureau of Maine Veterans Services information necessary for determining and administering eligibility benefits under the Veterans Dependents Educational Benefits Program. This release will remain in effect throughout the duration of my eligibility under this program.

The following information may be released to Maine Veterans Services to administer this program:

1. Enrollment Verification (ie. Effective date of enrollment acceptance, starting semester and name of Degree)
2. GPA at the end of each semester
3. Total credit hours waived
4. Transcripts
5. Current name and address
6. Students current telephone number
7. Email address

Date of Birth

Printed Name of Student

Signature of Student

Date

FAX #: (207) 626-4471

DOCUMENTATION REQUIRED TO BE SUBMITTED IN SUPPORT OF APPLICATION:

Children:

- Copy of Birth Certificate reflecting names of both parents
- Copy of VA letter verifying veteran's disability
- Copy of applicant's DD214
- If the veteran did not enter the service from Maine proof of residency needs to be submitted showing the veteran has been a resident of Maine for at least five years and a copy of veteran's DD214.
- Copy of letter from school verifying enrollment in a degree program

Step-Children:

- Copy of Birth Certificate reflecting names of both natural parents
- Copy of Marriage Certificate of natural parent and veteran
- Copy of VA letter verifying veteran's disability
- If the veteran did not enter the service from Maine proof of residency needs to be submitted showing the veteran has been a resident of Maine for at least five years and a copy of veteran's DD214.
- Copy of letter from school verifying enrollment in a degree program

Adopted Children:

- Copy of Birth Certificate reflecting names of both parents
- Copy of adoption certificate
- Copy of VA letter verifying veteran's disability
- Copy of letter from school verifying enrollment in a degree program.

NOTE: If adopted child and claiming benefits on natural parent who is a veteran, then need to submit the following:

- Copy of Birth Certificate
- Proof of paternity to natural parent (examples: adoption papers, original birth certificate reflecting name of natural veteran-parent, or any other legal document with such verification)
- If the veteran did not enter the service from Maine proof of residency needs to be submitted showing the veteran has been a resident of Maine for at least five years and a copy of veteran's DD214.
- Copy of letter from school verifying enrollment in a degree program

Spouse:

- Copy of Marriage Certificate
- Copy of VA letter verifying veteran's disability
- If the veteran did not enter the service from Maine proof of residency needs to be submitted showing the veteran has been a resident of Maine for at least five years and a copy of veteran's DD214.

OTHER INFORMATION:

- College preparatory schooling and correspondence courses do not qualify under this program.
- Benefits will not be authorized for schooling incurred before date of application for this program.
- This program applies only to the following schools:
State of Maine University System, Maine Community College System and Maine Maritime Academy.