



# STATE OF IOWA

GOVERNOR TERRY E. BRANSTAD  
LIEUTENANT GOVERNOR KIM REYNOLDS

IOWA DEPARTMENT OF VETERANS AFFAIRS  
ROBERT C. KING, EXECUTIVE DIRECTOR

**2015**

## WAR ORPHAN EDUCATIONAL ASSISTANCE APPLICATION

Applicant's <b>LAST</b> Name	<b>FIRST</b> Name	<b>MIDDLE</b> Name	Social Security Number
Home Address _____			
Street	City / State	Zip	
Date of Birth _____	Place of Birth _____		
High School Graduated From _____ City/State _____			
<b>Name of School/College/University</b> you are now attending, or plan to attend _____			
<b>Address of School</b> _____			
<b>Phone Number for School</b> Financial Aid Office _____			
Have you lived in the State of Iowa for the last two years? _____			
Parent/Guardian/Contact Person			
Name _____	Relationship _____		
Address _____	Phone _____		

## Deceased Veteran Information

<b>LAST</b> Name _____	<b>FIRST</b> Name _____	<b>MIDDLE</b> Name _____	_____-_____-_____ Social Security Number
			_____ Service Number
Entry to Active Duty _____	Date _____	Place _____	
Discharged From Service _____	Date _____	Place _____	
Death of Veteran _____	Date _____	Place _____	

APPLICATION MUST BE ACCOMPANIED BY:

1. Applicant's Birth Certificate/Adoption Papers
2. Copy of the Deceased Veterans Death Certificate
3. Proof of 2-year residency requirement.
4. Marriage certificate, if applicable.

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*MAIL COMPLETED APPLICATION TO:*

**Iowa Commission of Veterans Affairs  
7105 NW 70<sup>th</sup> Avenue  
Camp Dodge – Building 3465  
Johnston, IA 50131  
515-252-4698 or 800-838-4692**