



## ***Children of Fallen Iowa Service Members Scholarship*** *(A Scholarship of the Branstad-Reynolds Scholarship Fund)*

### **Background Information:**

The Children of Fallen Iowa Service Members Scholarship fund was established to provide post-secondary educational scholarships for children of deceased military service members who died while in an active military status after September 11, 2001.

- The Children of Fallen Iowa Service Members Scholarship is funded through the Community Foundation of Greater Des Moines.
- The Iowa Department of Veterans Affairs administers, reviews applications and provides guidance to applicants who apply for this program.

### **Eligibility:**

The Children of Fallen Iowa Service Members Scholarship will consider those that qualify within these guidelines:

- Children of deceased service member that died while serving in an active military status since September 11, 2001.

Qualifying Service Member must have met the following requirements:

- was a resident of Iowa at the time of entering military service and at the time of death
  - Death does not have to be combat-related
  - military status includes active federal service in the Armed Forces or Iowa-based unit, National Guard, or Reserves
- Student is attending or will attend an Iowa post-secondary educational institution

### **Instructions:**

Scholarships may be used to subsidize the costs of tuition, books, fees, housing, special tools and equipment required for coursework, school-approved tutoring, and any other required educational expenses. Once all educational expenses are met, any remaining funds will be released to the student in order to cover other expenses as needed.

Before completing this application, please read the instructions and eligibility requirements carefully. If you are unable to provide the information requested, state the reason in the space provided, or attach a letter of explanation. The applicant assumes responsibility for ensuring that all requested information is submitted as a complete packet and is received at Iowa Department of Veterans Affairs no later than the deadline. (***Annual deadline is December 31<sup>st</sup> of the current year.***)

Unique applications presented to the scholarship committee in writing will be considered on a case-by-case basis. Applicants will be notified via mail or email regarding award decisions. Applicants should notify the scholarship administrator at the educational institution if their contact information changes.

If the student has received the scholarship and, without reason, decides not to study as planned, the scholarship must be returned in full. If time allows, the next applicant in line may then be awarded the scholarship.

If the student becomes ill and must return home, all efforts should be made by the student to obtain a refund and return the unused portion. The student may apply again at a later date. A letter from the doctor should be sent to the Scholarship Fund.

## Frequently Asked Questions

1. What are the residency requirements for both the deceased service member and for the student?

**Both must be a current Iowa resident.**

2. What cause-of-death stipulations are covered?

**Service members who gave their lives while on active duty since September 11, 2001**

3. Do survivors still qualify if they are using any federal benefits such as the *Fry Scholarship*?

**Yes – this is a state-funded program in *addition* to other programs for education.**

4. What documents are required for application?

**Proof of dependency (birth certificate) and proof of service member's death (death certificate, DD1300)**

5. When is the application deadline?

**Applications will be considered annually. *The annual closing date for applications to be received at the Iowa Department of Veterans Affairs will be December 31<sup>st</sup>.* All applications received in this office will be reviewed for eligibility requirements as they are received. The award board will consider and vote on all applications on file meeting eligibility criteria during their first meeting of the New Year.**

Send completed application to:

Iowa Department of Veterans Affairs  
Attn: Children of Fallen Iowa Service Members Scholarship  
7105 NW 70<sup>th</sup> Avenue, Camp Dodge, Building 3465  
Johnston, IA 50131

**For questions, please call the Iowa Department of Veterans Affairs at 800-838-4692.**

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**Application – Page 1**

**Applicant Information**

Name \_\_\_\_\_  
Last First Middle

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender  Male  Female

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Extra-Curricular & Community Accomplishments/Groups \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Member Information**

Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Rank \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**Family Information**

Living Legal Guardian Name \_\_\_\_\_  
Last First Middle

State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Number of Siblings 18 and below \_\_\_\_\_ Number of Siblings Currently Attending College \_\_\_\_\_



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**Personal Essay**

The essay may be only one (1) page in length and should include the following:

**Paragraph 1: Short Bio (include your hometown, chosen educational institution, and field of study)**

**Paragraph 2: What would this scholarship mean to you, your academic and career goals, and how will it help you achieve your career goals?**

*If you do not use this page for your essay, please write and sign a statement exactly like the one below.*

I declare that this essay is my own work, and all the information in my application is, to the best of my knowledge, correct.

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Applicant's Signature

Date

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**Other Information**

How did you learn of this scholarship? \_\_\_\_\_

Names of any siblings who have applied for or received the Branstad-Reynolds Scholarship (Each applicant must submit a separation application):

<b>Name</b>	<b>Applied</b>	<b>Received</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**I have read the application instructions and eligibility requirements and understand my responsibility to provide information, follow submission procedures, and meet deadline requirements.**

\_\_\_\_\_  
**Applicant Signature (Do not print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant (Printed Name)**

\_\_\_\_\_  
**Date**