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 31st 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 31st. 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 70th Avenue, Camp Dodge, Building 3465
Johnston, IA 50131

For questions, please call the Iowa Department of Veterans Affairs at 800-838-4692.
Children of Fallen Iowa Service Members Scholarship

Application – Page 1

Applicant Information

Name ___________________________________________ 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 __________________________________________ First __________________________ Middle __________________________

State __________________________

Email __________________________________________ Phone __________________________________________

Occupation __________________________________________ Annual Income __________________________

Number of Siblings 18 and below ______ Number of Siblings Currently Attending College ______
School Information

Name of high school ________________________________ Cum GPA ________________
(If diploma attained via GED, indicate City/State obtained)

Name of college/career-tech ________________________________ Cum GPA ________________
(Where you plan to enroll or are currently enrolled – if applicable)

Address __________________________ City___________________ State____ Zip_________

Is this an online University? □ Yes □ No

Student ID Number __________________

Have you been accepted? □ Yes □ No

What is your intended major field of study?____________________

What class will you enter next semester?  Fall Semester □ Full-time (12+ hrs) □ Part-time (under 12 hrs)

Spring Semester □ Full-time (12+ hrs) □ Part-time (under 12 hrs)

Career Goals _____________________________________________

_______________________________________________________

_______________________________________________________

Financial Need Information

Estimated financial needs for this year of school:
(Transportation, child care, and other expenses that are not directly related to educational expenses should not be listed.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$</td>
</tr>
<tr>
<td>Fees</td>
<td>$</td>
</tr>
<tr>
<td>Books</td>
<td>$</td>
</tr>
<tr>
<td>Room and/or Board</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses (please describe)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Estimated Cost of School</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

Financial Assistance Received:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other scholarship awards received, tuition waivers, etc.</td>
<td>$</td>
</tr>
<tr>
<td>Other financial assistance received (Pell grants, etc.)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Financial Assistance Received</strong></td>
<td>$</td>
</tr>
<tr>
<td><strong>Unmet Financial Need</strong></td>
<td>$</td>
</tr>
<tr>
<td>(Difference Between Costs &amp; Financial Assistance)</td>
<td>$</td>
</tr>
</tbody>
</table>
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.

__________________________________________________________________________
Applicant’s Signature                                                Date
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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Applied</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
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<td>□</td>
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</tr>
</tbody>
</table>

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