

New Mexico Department of Veterans' Services
Application for Scholarship
For
Children of Deceased Military Personnel
Chapter 170 NM Laws as amended

| | | | | | |
|--|--------------|-----------------|----------------------|------------------|---------------|
| 1. NAME OF APPLICANT (LAST, FIRST, MIDDLE) | | | | | |
| 2. ADDRESS (STREET, CITY, STATE, ZIP) | | | | | |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS): | | | | | |
| E-MAIL ADDRESS: | | | PHONE #: | | |
| 3. BIRTH PLACE | | | DATE OF BIRTH | | |
| 4. NAME OF DECEASED VETERAN | | | DATE OF DEATH | | |
| 5. MILITARY INFORMATION | | | | | |
| BRANCH OF SERVICE | DATE ENTERED | DATE DISCHARGED | PLACE ENTERED | PLACE DISCHARGED | SERIAL NUMBER |
| | | | | | |
| 6. DEATH DUE TO: | | | | | |
| <input type="checkbox"/> KILLED IN ACTION <input type="checkbox"/> RESULT OF SERVICE CONNECTED DISABILITY | | | | | |
| 7. WAS VETERAN A RESIDENT OF NEW MEXICO AT TIME OF ENTRY INTO MILITARY: | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 8. RELATIONSHIP OF DECEASED VETERAN TO APPLICANT | | | | | |
| <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> STEP PARENT | | | | | |
| 9. NEW MEXICO INSTITUTE OF HIGHER LEARNING APPLICANT PLANS TO ATTEND | | | | | |
| 10. DATE APPLICANT PLANS TO ENTER | | | | | |
| 11. CERTIFICATION OF AUTHORIZED OFFICIAL (TO BE USED BY DEPARTMENT OF VETERANS SERVICES ONLY) | | | | | |
| PLEASE MAIL APPLICATION WITH A COPY OF VETERAN'S DISCHARGE AND DEATH CERTIFICATE TO: NEW MEXICO DEPARTMENT OF VETERANS' SERVICES PO BOX 2324 SANTA FE, NM 87504 ATTN: STATE BENEFITS | | | | | |
| DVS FORM 6 (REVISED JULY 1, 2015) (PREVIOUS EDITIONS ARE OBSOLETE AND WILL NOT BE USED) | | | | | |