

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

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