

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)					