



APPLICATION FOR CVO FEE REMISSION PROGRAM

State Form 52363 (R / 4-10)

Child or Spouse of Certain Indiana National Guard Members
Military Department of Indiana



Please note that all students are **required** to file the **Free Application for Federal Student Aid (FAFSA)** each year at least thirty (30) days prior to the end of the semester. This federal government form can be filed on-line at www.fafsa.ed.gov.

SECTION 1

INSTRUCTIONS

This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana National Guard members killed while on state active duty. As a supplement to other state financial aid, the grant pays 100% of tuition and regularly assessed fees; it does not cover non-tuition fees such as room and board or books.

Students who might be covered under the establishing Indiana Code (IC 21-14-7-1) are:

- A child of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.
- A spouse of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.

The deceased Indiana National Guard member must have been killed in the line of duty while deployed in the active military (Army or Air Force) or while engaged in other state active duty as determined by the Military Department of Indiana under IC 10-16-7-7.

Some program restrictions apply, courses must be taken for credit, and financial assistance is limited to 124 credit hours. Children must be the biological or legally adopted dependent child of the covered member and spouses must have been married to the covered member at the time of death. Both children and spouses must be regularly admitted as in-state resident students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

The completed application – Section 3 of this application – and all necessary supporting documentation should be submitted to the Military Department of Indiana (MDI) at least thirty (30) days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools. The approved application will be returned to the applicant. ***The approved application must be presented to the financial aid office of the chosen college before the start of classes in order to receive the fee remission benefit.*** If the application is not approved, the student will be so notified in writing. The application and supporting documentation must be mailed or delivered to the following address for consideration:

Joint Forces Headquarters

ATTN: Education Services Office

9301 East 59th Street

Lawrence, Indiana 46216

Telephone: (317) 964-7023

www.inarnq.org/

Faxed documents will not be accepted. Please keep a copy of the approved application for your records. To learn more about this program or state of Indiana financial aid for college students go to www.in.gov/ssaci/ or call (317) 232-2350.



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SECTION 2 LIST OF ELIGIBLE INDIANA PUBLIC INSTITUTIONS

School	Code	School	Code	School	Code
Ball State University	001786	Purdue University West Lafayette	001825	Ivy Tech Kokomo/ Logansport/ Wabash	010041
Indiana State University	001807	Purdue University North Central	001826	Ivy Tech Lafayette/ Crawfordsville	010039
Indiana University Bloomington	001809	Purdue University Calumet	001827	Ivy Tech Madison/ Lawrenceburg	009923
Indiana University East	001811	Indiana University Purdue University Fort Wayne	001828	Ivy Tech Muncie/Anderson/ Marion	009924
Indiana University Purdue University Indianapolis	001813	Ivy Tech Bloomington	035213	Ivy Tech Richmond/ Connersville	010037
Indiana University Purdue University Columbus	E01033	Ivy Tech Columbus	010038	Ivy Tech Sellersburg	010109
Indiana University Kokomo	001814	Ivy Tech Evansville/Tell City	009925	Ivy Tech South Bend/ Warsaw /Elkhart	008423
Indiana University Northwest	001815	Ivy Tech Fort Wayne	009926	Ivy Tech Terre Haute/Greencastle	008547
Indiana University South Bend	001816	Ivy Tech Gary/Valparaiso/East Chicago	010040	University of Southern Indiana	001808
Indiana University Southeast	001817	Ivy Tech Indianapolis	009917	Vincennes University	001843



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SECTION 3

STUDENT INFORMATION

There are two pages to this application. Please complete both. This application must be completed in INK.

- Please check whether you are a **child or spouse** of the covered Indiana National Guard member. Check one box only.

Check	Status
<input type="checkbox"/>	I am the child of a covered member
<input type="checkbox"/>	I am the spouse of a covered member

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are still eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here ____.

- Please complete the following about **yourself (the student applicant)**. Please print.

Name (<i>first, middle initial, last</i>)		E-mail Address
Social Security Number*	Date of Birth (<i>mm/dd/yyyy</i>)	Telephone Number ()
Address (<i>number and street, city, state, and ZIP code</i>)		

Please select from the list on page 2 the college you plan on attending next term.

College Name	College Code	Date of Enrollment (<i>mm/dd/yyyy</i>)
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This section applies to children only.

- In order to be eligible, you must be the biological child of the covered Indiana National guard member or legally adopted by that covered member. If legally adopted, it must have been when you were less than twenty-four (24) years of age; not married; had no dependents of your own; and not a veteran of the armed forces. Adoption by the spouse of a covered member is not valid for inclusion of a child in the CVO Program. Adoption must be in effect before application for the benefits is submitted.

Please write your initials in the appropriate space:

- I am the biological child of the covered member: ____.
- I was legally adopted by the covered member. *I have attached a copy of the legal documents indicating when and where I was adopted:* ____.
- I am not the biological child nor was I legally adopted as described above: ____.



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4. Please complete the following about the **covered Indiana National Guard member** at the time of his or her death:

First Name	Middle Initial	Last Name
Social Security Number*	Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
Address (number and street, city, state, and ZIP code)		
Briefly describe below the circumstances of the member's death		
I attest that the information I have given on this application is true and accurate, that I have attached all necessary documentation with this application, and that I have read and understood the CVO Program requirements and limits.		
Your signature		Date (mm/dd/yyyy)

Indiana National Guard Information		
Branch (Air Force or Army)	Rank of covered member	Complete unit attachment information

The application and supporting documentation should not be faxed but should be mailed or delivered to:

Joint Forces Headquarters
ATTN: Education Services Office CVO Fee Remission Application
9301 East 59th Street
Lawrence, Indiana 46216
Telephone: (317) 964-7023
www.inarnq.org/

TO BE COMPLETED BY THE MILITARY DEPARTMENT OF INDIANA		
The member was <input type="checkbox"/> on state active duty, or <input type="checkbox"/> deployed with the active military.		
APPLICATION STATUS - TO BE COMPLETED BY THE STATE STUDENT ASSISTANCE COMMISSION		
Approved: _____	Incomplete: _____ <i>Please see attached explanation.</i>	Denied: _____ <i>Please see attached explanation.</i>
Printed name	Signature	Date (mm/dd/yyyy)