

# Application Form

## Military Scholars for America (MSA) Tuition Reduction Program

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### ELIGIBILITY

The Delaware Valley University MSA Tuition Reduction Program is available to military personnel who are either on active duty or are serving as a monthly drilling reservist. This program is offered only to part-time undergraduate students enrolled in Continuing & Professional Studies (CPS) or Master's level graduate students who have applied and been accepted to the school and are pursuing a degree program. The Program is not open to full-time undergraduate students, i.e. Day Students, or to students in the Doctor of Education in Educational Leadership program. Students who are using the Post 9/11 GI Bill or VA Chapter 31 (Vocational Rehabilitation Program) are eligible for this program only when their VA educational benefits under these programs have expired. Because this program is administered solely at the discretion of the University, the school's decision on this application is final and not subject to appeal.

### SUBMISSION OF APPLICATION

Please complete the following sections of this application and sign the "STATEMENT OF UNDERSTANDING". Please scan the complete document and submit it to the Director of Military and Veterans Affairs at Delaware Valley University who will review the application and inform the applicant regarding eligibility for the MSA Program.

### BIOGRAPHICAL DATA

Name (Mr. / Ms) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Tel.no. (Area Code & No.) \_\_\_\_\_  
Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Soc. Sec. No. (LAST 4 Only) \_\_\_\_\_

### MILITARY DATA

Please mark "X" as applicable for following military data:  
Status: Full-time Active Duty \_\_\_\_ Monthly Drilling Reservist \_\_\_\_ Rank \_\_\_\_\_  
Branch/ Active Duty: Army \_\_ Navy\_\_ USMC\_\_ Air Force\_\_ Coast Guard\_\_  
Branch/ Reservist: ARNG \_\_ ANG \_\_ AR \_\_ USNR \_\_ USMCR \_\_ AF Reserve \_\_ USCGR \_\_  
Full-time Support (if applicable): AGR \_\_ / Navy TAR \_\_ / USMC AR \_\_ / Coast Guard RPA \_\_  
Military Unit /Location \_\_\_\_\_

### EDUCATIONAL ASSISTANCE DATA

I am eligible for the following Veterans Administration (VA) educational benefits (check as applicable):  
None \_\_  
Ch. 30 MGIB \_\_ Ch. 31 Voc. Rehab. \_\_ Ch. 32 VEAP \_\_  
Ch. 33 Post 9/11 GI Bill at \_\_\_\_% level  
Ch. 33 Post 9/11 GI Bill at \_\_\_\_% level – transferred from parent or spouse

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Ch.35 Survivors & Dependents Educ. Assistance Program \_\_\_

Ch. 1606 Selected Reserve Education Benefit\_\_\_

Ch. 1607 National Guard & Reserves\_\_\_

I understand that I am required to provide the school my VA Award Letter or Certificate of Eligibility as evidence of my eligibility for any of the above VA benefits.

I previously used my VA Educational benefits at \_\_\_\_\_ during approximate time period (mo./yr. to mo./yr.)\_\_\_\_\_.

I plan to use Tuition Assistance (TA) offered by my branch of service. Yes\_\_\_ No\_\_\_

I am eligible for and intend to use my Pennsylvania National Guard Educational Assistance Program (EAP) benefit. Yes\_\_\_ No\_\_\_

I will be using my own funds either solely or in combination with other educational assistance. Yes\_\_\_ No\_\_\_

I am a monthly drilling reservist and my civilian employer provides tuition reimbursement or other tuition assistance. Yes\_\_\_ No\_\_\_

### STATEMENT OF UNDERSTANDING

I affirm that the above information is true and accurate to the best of my knowledge. I agree to provide other written information relevant to my military status as may be required by the University. I understand that any material misstatement or other willfully incorrect information invalidates this application. Delaware Valley University reserves the right to terminate the enrollment of any applicant who willfully or knowingly does not comply with this requirement. The below signature confirms that I have read and understand the above titled "ELIGIBILITY" section and agree that the school's decision on this application is final not subject to appeal.

Signature \_\_\_\_\_ date\_\_\_\_\_