



George E. Pataki, Governor

New York State Higher Education Services Corporation
99 Washington Avenue · Albany, New York 12255
1-888-NYS-HESC (1-888-697-4372)
www.hesc.org



Military Service Recognition
Scholarship Supplement

This supplement is used to initially establish eligibility for the scholarship. It is NOT an application for payment. A separate application for payment MUST be submitted by May 1 of the academic year for which payment is requested. Be sure to read the instructions regarding How to Apply for a Military Service Recognition Scholarship. Please print or type.

APPLICANT INFORMATION

1. Social Security Number [grid] 2. Date of Birth (Use numbers only) [grid] 3. Telephone Number [grid]

Month Day Year

4. Last Name [grid] First Name [grid] MI [grid]

5. Address: number, street, apartment [grid]

City or Town [grid] State [grid] Zip Code [grid]

6. Email Address _____

7. In what month and year will you or did you begin college? [grid] Month Year

Name of college _____

8. Relationship to deceased/disabled/MIA: (See instructions for required documentation) [] Self [] Spouse [] Child [] Financial Dependent

DECEASED/ DISABLED/MIA ARMED FORCES MEMBER INFORMATION (See instructions for required documentation)

9. Social Security Number [grid] 10. Date of Birth (Use numbers only) [grid] Month Day Year
11. Last Name [grid] First Name [grid] MI [grid]

12. Branch of Service _____

APPLICANT/LEGAL GUARDIAN AFFIRMATION

13. I affirm the information herein is true. This information will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties for perjury as if I had been duly sworn.

I consent to the verification by NYS Higher Education Services Corporation (HESC) of any statement made herein. I further consent to the release by HESC of such information as may be provided by law or regulation in the course of financial aid program administration.

Signed _____ Date _____

