



Did the deceased parent die as the result of a service-connected disability? [ ] Yes [ ] No

**N.H. PUBLIC INSTITUTION**

Name/Address of Institution you Plan to Attend or Are Attending: \_\_\_\_\_

Academic year in school for which assistance will be applied: \_\_\_\_\_

Date you Plan to Enter the Institution: \_\_\_\_/\_\_\_\_/\_\_\_\_ as an

[ ] Undergraduate

[ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

[ ] Graduate

I declare, under the penalty of perjury, that the answers to the above questions are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION OF PARENT OR GUARDIAN**

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

State of New Hampshire

County of \_\_\_\_\_,SS

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_, known to me to be the person whose

signature is subscribed to the foregoing instrument, who made oath that the matters contained in said

statement are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Justice of the Peace/Notary Public

My commission expires \_\_\_\_\_.

PLEASE COMPLETE AND RETURN TO:

N.H. Department of Education  
Division of Educator Support and Higher Education  
101 Pleasant Street  
Concord, NH 03301