Iraq & Afghanistan Service Grant Verification Form

Student Financial Aid Office 11400 Robinwood Drive Hagerstown, MD 21742 finaid@hagerstowncc.edu FAX: 301-791-9165



WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

We received notification from The U.S. Department of Defense that your parent/guardian died as a result of military service in Afghanistan or Iraq after September 11, 2001. You may qualify for additional federal aid if you meet additional eligibility requirements.

Additional Student Eligibility Requirements:

- Be under 24 years old or
- Enrolled in college at least part-time at the time of the parent's or guardian's death.

Please follow this link for more information: http://www.ifap.ed.gov/eannouncements/110609DODMatch.html

Student Name:		HCCID:	
	award the Iraq and Afghanistan Service Gr cumentation verifying your eligibility.	ant you may need to submit written	
1. E	Branch of Service:		
2. <i>I</i>	At time of death my parent or guardian served	d in: ☐ Iraq ☐ Afghanistan	
3. F	Please check only one of the following option	ns:	
	I was 23 years of age or younger when m	y parent or guardian died.	
	At the time of my parent or guardian's dea at least part-time at the following institution limits institution.		
	, ,	ath, I was age 24 or older, and I had NOT enrolled at neligible for the Iraq and Afghanistan Service grant.	
Stud	dent Signature:	Date:	

XXMWARGR 4/17/2023