



RETRAINING GRANT APPLICATION

WDVA Base File # _____

COUNTY NUMBER _____

The information we request here is authorized for collection by Ch. 45, Wis. Stats., ss. VA 1.02, Wis. Adm. Code and is used to determine eligibility for department programs. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs. Personally identifiable information collected on this form is not likely to be used for any other purpose.

Under the Civil Rights Act, at 42 USCS 2000 e-2, this department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the provision of services. Under s.111.321, Wis. Stats., no employer may engage in any act of employment discrimination on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, arrest record, conviction record, membership in the national guard, state defense force or any reserve component of the United States or this state, or use or nonuse of lawful products off the employer's premises during nonworking hours, subject to certain exceptions enumerated at ss.111.33 to 111.36, Wis. Stats.

NAME OF VETERAN			NAME OF CO-APPLICANT		
Last	First	Middle	Last	First	Middle
Address			Years at this address _____		<input type="checkbox"/> Rent
Street	City	State	Zip	<input type="checkbox"/> Own	
If the applicant is married and not in the process of obtaining a divorce, the applicant's spouse must complete the co-applicant column. If the applicant is separated, provide the date of separation and the spouse's address.					
VETERAN			CO-APPLICANT		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated Unmarried includes single, widowed and divorced.			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated Unmarried includes single, widowed and divorced.		
Date of Birth	Home Telephone		Date of Birth	Home Telephone	
	()			()	
Social Security #	VA Claim #		Social Security #	VA Claim #	
Email Address			Email Address		
DEPENDENTS OTHER THAN SPOUSE					
NAME AND RELATIONSHIP		DATE OF BIRTH	ADDRESS (IF DIFFERENT FROM VETERAN)		
LIQUID ASSETS Checking account balances, savings account balances and the value of securities (stocks, bonds, CDs, mutual funds, etc.) must be shown below. Do not include assets in retirement accounts (IRAs, 401K accounts, etc.). Checking and savings balances must be filled in. If none, please write none.					
TYPE OF ASSET	FINANCIAL INSTITUTION/NAME OF STOCK, ETC.		CURRENT VALUE OR BALANCE		
			\$		
			\$		
			\$		
UNUSUAL EXPENSES Please list required <u>medical or dental expenses</u> or <u>alimony payments</u> only incurred or to be incurred during the period of your retraining.					
ITEM				MONTHLY COST	
_____				\$	
_____				\$	
PREVIOUS EDUCATION Prior to the retraining for which you are currently enrolled or for which you will be enrolled, what is the highest level of education you have completed:					
<input type="checkbox"/> Less than High School		<input type="checkbox"/> High School		<input type="checkbox"/> Associate Degree	
<input type="checkbox"/> Bachelor Degree		<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Other: _____	

WARNING: You are not eligible to receive a Retraining Grant if you receive any reimbursement under the Veterans Education (VetEd) Grant Program for courses completed during the same semester(s) for which you request a Retraining Grant.

INCOME		GROSS MONTHLY		SOURCE		WILL IT STOP? WHEN?
TYPE	WHOSE?					Date
	Vet Co-ap					
Wages	<input type="checkbox"/> <input type="checkbox"/>	\$		Employer and Address		
Wages	<input type="checkbox"/> <input type="checkbox"/>	\$		Employer and Address		
Unemployment Insurance Comp.	<input type="checkbox"/> <input type="checkbox"/>	\$		Employer and Address		
Sickpay	<input type="checkbox"/> <input type="checkbox"/>	\$		Employer and Address		
Worker's Compensation	<input type="checkbox"/> <input type="checkbox"/>	\$		Employer and Address		
Non-VA Pension	<input type="checkbox"/> <input type="checkbox"/>	\$		Source		
Regular S.S.	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
Dis. S.S. (SSD)	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
Supp. S.S. (SSI)	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
VA Pension	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
AFDC	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
Food Stamps	<input type="checkbox"/> <input type="checkbox"/>	\$		FEDERAL GOVERNMENT		
Rental Income	<input type="checkbox"/> <input type="checkbox"/>	\$		Property Address <input type="checkbox"/> I pay utilities <input type="checkbox"/> Tenant pays		
Dividends/Interest	<input type="checkbox"/> <input type="checkbox"/>	\$		Type of Asset		
Other	<input type="checkbox"/> <input type="checkbox"/>	\$				

EMPLOYMENT The RTG is restricted to those who became unemployed, underemployed or received a notice of termination of employment within the period beginning one year (365 days) prior to the date the application is received at WDVA, Madison. The applicant must have been employed for at least six consecutive months with the same employer or in the same or similar occupations and at least one day of that employment must have been within the period beginning one year prior to the date the application is received at WDVA, Madison. A person who is "underemployed" is one whose current annual income from employment does not exceed federal poverty guidelines. To qualify for the RTG, an underemployed applicant must have experienced a reduction of income during the year prior to the date the application is received at WDVA. The loss of employment or the reduction of income must not have been caused by the voluntary actions of the veteran.

Please list all employers for whom you have worked in the past year.

Employer/City	Starting Date	Ending Date*	Monthly Gross	Reason for Leaving or Reduction of Income
1.			\$	
2.			\$	
3.			\$	

*or date income was reduced.

If the most recent employment or the employment at which you worked for at least six months was self employment, you must submit a copy of the tax returns on which you reported the self employment income.

EXPECTATIONS Please explain briefly how this training/education will lead to gainful employment.

Check this box only if utilizing an approved OJT Program.

APPLICANT'S SIGNATURE I certify that I have read or have had read to me all questions from this application and that the answers are true and complete to the best of my knowledge and belief.

Signature _____ Date _____

WARNING: If you knowingly make any false statement or submit fraudulent evidence in connection with this application, you are subject to severe penalties provided by law including fine, imprisonment or both and suspension of all veterans' benefits from the department.

WORKFORCE DEVELOPMENT: VERIFICATION OF AVAILABLE AID

Students *must* apply for all financial assistance available during the school period, and all available financial aid must be reported including aid identified below in 2(a) and 2(b).

1. Total length of training program: From: _____ To: _____
2. Total anticipated financial aid (in addition to the WDVA Retraining Grant) that the veteran will receive during the above training period. Please identify date(s) the aid will be received.
 - a. Workforce Investment Act (WIA) Aid: \$ _____ Date: _____
 - b. Trade Adjustment Act (TAA) Aid: \$ _____ Date: _____
 - c. Other aid available through DWD: \$ _____ Date: _____

COMMENTS: _____

Signature of WIA Official	Title	Date
Email Address: _____	Telephone: _____ () _____	

Signature of TAA Official	Title	Date
Email Address: _____	Telephone: _____ () _____	

(Contact a WIA service provider, TAA service provider, or Veterans Employment Representative at your local Wisconsin Job Center. Visit www.dwd.state.wi.us/dws/directory/ or call 1-888-258-9966 for the phone number and address of your nearest Wisconsin Job Center.)