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| Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com |
|  |  | |
| **REQUEST FOR SECOND PAYMENT**  **Retraining Grant** | | |

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| Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]. | | | | | | | | | | | | |  | | WDVA Base File #: | | | | | |
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| Retraining Grants are often awarded in two payments. This form is to be used by those applicants who have received a partial award payment. To receive the balance of the grant awarded, the applicant must demonstrate satisfactory progress towards completion of the approved course of instruction or on-the-job training program, which must be verified by the School Veterans Official/Employer. | | | | | | | | | | | | | | | | | | | | |
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| **To be completed by the Veteran** | | | | | | |  | | | | | | | | | | | | | |
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|  | I am making satisfactory progress in my course of instruction/on-the-job training program and am requesting the balance of my Retraining Grant award. | | | | | | | | | | | | | | | | | | | |
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|  | I have successfully completed my training program. | | | | | | | | | | | | | | | | | | | |
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| Name (please print): | | | |  | | | | | |  | | | | | | |  | | |  |
|  | | | | | (last) | | | | | | | (first) | | | | | | | (middle) | |
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| Signature: | | |  | | | | | | | | | | | Date | |  | | | |  |
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| **To be completed by the School Veterans Official/Employer** | | | | | | | | | | |  | | | | | | | | | |
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| Name of School/Employer: | | | | | |  | | | | | | | | | | | | | |  |
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| **Check a box below:** | | | | | | | | | | | | | | | | | | | | |
|  | This veteran has successfully completed the training program. | | | | | | | | | | | | | | | | | | | |
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|  | This veteran is enrolled and is making satisfactory progress towards completion of the approved course of instruction and is registered for school next semester. | | | | | | | | | | | | | | | | | | | |
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|  | This veteran is enrolled and is making satisfactory progress towards completion of the approved on-the-job training program. | | | | | | | | | | | | | | | | | | | |
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|  | This student did not make satisfactory progress. Explain: | | | | | | | | | | | | | | | | | | | |
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| Signature: | | |  | | | | | Date: | | | |  | | | Phone: | | |  | |  |
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| Please submit this form to the Division of Veterans Benefits at the above address. If appropriate, a check will be sent to the applicant's County Veterans Service Officer. | | | | | | | | | | | | | | | | | | | | |
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