



VETERANS EDUCATION GRANT APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

STUDENT INFORMATION

WARNING: This application (form WDVA 2200) is due with all student information completed, signed, and date stamped at either the Wisconsin Department of Veterans Affairs (WDVA) central office or in an authorized agent's office no later than 60 days after the start of the course, term, or semester for which reimbursement is requested. All forms must be date stamped electronically or physically at the time of submission.

WDVA # _____

County _____

Name _____ School _____
Street _____ Social Sec # _____ (optional)
City _____ State _____ Zip _____ Telephone _____

Approximate date that semester, term, or course started _____ ended _____

For this semester: Enrolled Credits: _____ Estimated Reimbursement: \$ _____

Member of the National Guard? Yes No Eligible for NG Tuition Assistance? Yes No (If "No," documentation is required)
Member of the Reserves? Yes No Eligible for Reserve Tuition Assistance? Yes No (If "No," documentation is required)

Did you have a degree prior to the start of this course(s)? None Associate Bachelors Post-graduate

List all financial aid available to you, or to the school in your name, for full or partial payment of your tuition whether or not you actually applied for or received it. Loans or aid that is not specifically for tuition (such as BEOG, SEOG, PELL, WHEG, Montgomery GI Bill), should not be listed. If aid is not available, indicate by checking each "None Available" box.

Federal VA Vocational Rehabilitation (Chap. 31) Yes Amount: \$ _____ None Available
Federal Post-9/11 GI Bill (Chap. 33) Yes Amount: \$ _____ None Available
State Vocational Rehabilitation (DVR) Yes Amount: \$ _____ None Available
Employer Tuition Assistance Yes Amount: \$ _____ None Available
Wisconsin GI Bill Yes Amount: \$ _____ None Available
Other (specify source) _____ Amount: \$ _____ None Available

- I have read and understand the **WARNING** listed above.
- I understand that my grant application may be denied if WDVA determines that I have a child support or maintenance obligation and the payments are delinquent.
- I certify that the information above is true, accurate and complete, and that I will promptly notify WDVA of any changes. I consent to the release by my school and the County Veterans Service Office (CVSO) of all information necessary to process this grant application.
- I consent and authorize the Wisconsin Department of Revenue to release my tax records necessary to process this grant application.

Signature _____ Date _____

FOR SCHOOL VETERANS' OFFICIAL USE ONLY

Completed applications must be submitted to WDVA central office no later than 60 days following the last day of a course, term, or semester. A completed application has all of the following items filled in and is signed and dated by an authorized school official.

Did the student have a Bachelors Degree or equivalent prior to the start of this course(s)? Yes No

For Minnesota schools only: This student received a waiver of nonresident tuition at this institution under the Minnesota-Wisconsin Reciprocity Agreement. Yes No

Semester, term, or course start date _____ End Date _____
Total credits for which enrolled _____ Grade Point Average for this term _____
Enrolled courses: All Tuition Costs \$ _____ All Fee Costs \$ _____ Total Costs \$ _____

UWS and WTCS schools calculate equivalent tuition and fee remission under the WI GI Bill. (Other schools enter zero [0]).

Tuition: \$ _____ Fees (Segregated for UWS; Material for WTCS) \$ _____ Total Under WI GI Bill \$ _____

Did the student receive financial aid specifically for tuition from an employer, the federal government (Post-9/11 GI Bill), or other source?

Yes No

If "Yes," name the source _____ Amount \$ _____

I certify that the information provided above is accurate and correct. _____

SVO Signature

Date

COMMENTS

Approval	Grant Amount	Voucher Date	Credit Bank Balance
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Your 10-year Delimiting date is _____

Your costs exceeded UW-Madison's cost for the same # of Credits

