

REQUEST FOR SECOND PAYMENT Retraining Grant

Personal information you provide may be used for se	condary purposes [Privacy Law, s.15.04(1)(m)].	WDVA Base File #:
partial award payment. To receive the	balance of the grant awarded, the app	ned by those applicants who have received a plicant must demonstrate satisfactory progress along program, which must be verified by the
To be completed by the Veteran		
I am making satisfactory progress balance of my Retraining Grant a		ob training program and am requesting the
I have successfully completed my	training program.	
Name (please print): (last)	(Figure)	(albim)
Signature:	(first)	(middle) Date
Dignature.		
To be completed by the School Veter	ans Official/Employer	
Name of School/Employer:		
Check a box below:		
This veteran has successfully con	pleted the training program.	
This veteran is enrolled and is ma and is registered for school next s		ompletion of the approved course of instruction
This veteran is enrolled and is making satisfactory progress towards completion of the approved on-the-job training program.		
This student did not make satisfac	ctory progress. Explain:	
Signature:	Date:	Phone:

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.