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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 |
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| **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. |
|  |
| Name (please print): |       |       |       |  |
|  | (last) | (first) | (middle) |
|  |
| Signature: |  | Date |       |  |
|  |  |  |  |
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| **To be completed by the School Veterans Official/Employer** |  |
|  |
| 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. |
|  |
| [ ]  | This student did not make satisfactory progress. Explain: |
|  |       |  |
|  |       |  |
|  |       |  |
|  |
|  |
| 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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