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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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| **VETERANS EDUCATION GRANT APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 # | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **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 $ | | | | | | | | | | | | | | |  | | |  | |
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| 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 $ | | | | | | |  | | | | | | | | |  | |
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| I certify that the information provided above is accurate and correct. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | SVO Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Approval | | | | | | | | | Grant Amount | | | | | | | Voucher Date | | | | | | | | | | | Credit Bank Balance | | | | | | | | | | | | | | Your 10–year Delimiting date is | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | Your costs exceeded UW–Madison's cost for | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | the same # of Credits | | | | | | | | | | | | | | | | | | | | | | |