



Wis. Stats. Chapter 45

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 1-800-WIS-VETS (947-8387)

REQUEST FOR CERTIFICATION FOR WISCONSIN G.I. BILL

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

NOTE: Once application is received and/or base file is established, you may go to https://services.dva.state.wi.us for online access to the Veterans Benefits and Applications Tracking System (VBATS) and to view current status. You may also check with your local County Veterans Service Office or School Veterans Certifying Official. You may also call 1-800-WIS-VETS (947-8387) and ask for the Wisconsin G.I. Bill Program Coordinator. Once your application has been reviewed, we will send you the results of that review.

Instructions: All applicants must complete this form in full and attach required documentation as follows: 1) DD Form 214, Certificate of Release or Discharge from Active Duty (for all applicants); 2) WDVA 0001, Eligibility Determination (if the veteran has not previously established eligibility for benefits); 3) death certificate (if the veteran is deceased); 4) Initial Federal VA service-connected disability rating notification letter (if claiming eligibility based on service-connected disability). Mail this application and the appropriate supporting documents to: Wisconsin Dept. of Veterans Affairs, Attn: Wisconsin G.I. Bill Eligibility, 201 W. Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843.

THIS FORM FOR SUBMISSION TO WISCONSIN DEPARTMENT OF VETERANS AFFAIRS (WDVA)

Veteran's Name (Print)

Veteran's Date of Birth

Veteran's Address *

Veteran's Email Address *

City, State, Zip Code

()

Veteran's Telephone Number *

*If Veteran is deceased, see the second check box in brochure B0105, page 14, for instructions.

I am requesting certification based on my status as (check as many as apply):

- Veteran (Myself)
Spouse of
Un-remarried Surviving Spouse of
Child of

Student's Full Name

Student's Date of Birth

Student's Social Security Number (required for Wisconsin Higher Educational Aids Board credit tracking)

Student's Campus ID Number

I will attend (check one):

- University of Wisconsin
Wisconsin Technical College

Full Name of Campus (NO ABBREVIATIONS)

Beginning (mo/yr)

My signature below, affirms that I understand and agree to the following:

- 1. I must also apply for Wisconsin G.I. Bill benefits to the UW System or Wisconsin Technical College System institution that I wish to attend and that failure to apply will prevent me from receiving any benefits to which I might otherwise have been entitled; and
2. The Wisconsin Technical College System and the UW System require my social security number for verification by the Wisconsin Higher Educational Aids Board (HEAB) for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
3. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the WDVA, and the HEAB.
4. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. I agree to inform the school(s) named above of any change in the circumstances upon which this application is based.

Applicant's Signature (Veteran if still living and legally competent)

Date

Student's Signature (if different from Applicant)

Date