

WEST VIRGINIA
VETERANS RE-EDUCATION ACT FUND REQUISITION

Name _____ SSN _____
Address _____ Telephone _____
Character of Discharge _____
Post-secondary Institution _____ School Contact _____
Address _____ Contact Phone# _____

By signing below:

I certify that I am not eligible to receive US Department of Veterans Affairs Educational Benefits (Montgomery GI Educational Benefits or Vocational Rehabilitation Assistance). I also meet the eligibility criteria specified on the reverse side and I am not pursuing a graduate degree.

Signature _____

.....For Financial Aid Office Use Only.....

FINANCIAL STATUS

Student Enrollment Status [Please designate the timeframe and enrollment status for each enrollment period.]
Term _____ Starting Date _____ Year _____

YOU MUST APPLY EACH TERM.

Income Eligibility [Must check yes to at least one to be eligible.]

Pell Eligible	Yes ___ No ___	Full Time	Yes ___ No ___
Federally Displaced Worker	Yes ___ No ___	Part Time	Yes ___ No ___
Unemployed	Yes ___ No ___		

Educational Institution: _____

Financial Aid Officer's Signature _____

Please attach a copy of the student's DD214 and mail to:

Larry Linch, Director, WV Veterans Affairs
1321 Plaza East
Charleston, WV 25301-1400

.....Veterans Affairs Use Only.....

AWARD DETERMINATION

\$1,000 per term _____ \$500 Part- Time _____ or Exact Amt of Course/Test _____

Authorizing Signature _____ Date: _____

[please duplicate as necessary; modified 6/18/03]