

OREGON DEPARTMENT OF VETERANS' AFFAIRS VETERAN EDUCATIONAL BRIDGE GRANT APPLICATION

IMPORTANT SUBMISSION INSTRUCTIONS

Please submit **all** materials included in the checklist below as attachments and submit completed application to the "Secure Upload Link" found at <https://www.oregon.gov/odva/agency-programs/grants/Pages/Educational-Bridge-Grant.aspx>

Only applications that are uploaded to the website will be accepted. Emailed or mailed applications will not be reviewed.

APPLICATION INSTRUCTIONS

The information you furnish on this form is used to determine your eligibility for the Veteran Educational Bridge Grant (Oregon Administrative Rules, Chapter 274, Division 036). **Incomplete applications will be returned.** Please use the checklist below to ensure your application is complete.

BASIC ELIGIBILITY:

Veterans (per Oregon Administrative Rule 274.255) who are Oregon residents, are/were enrolled in an Oregon-based academic or training program and are/were unable to complete their program due to unavailability of courses or training hours, **or** debt on a student account that does not exceed \$5,000.

\$5,000 PER VETERAN MAXIMUM:

You can receive this grant multiple times for a maximum of \$5,000 lifetime amount. Grants are subject to availability of funds. For further eligibility requirements, please see Oregon Administrative Rule - Chapter 274, Division 036.

Note: Grant funds approved to pay student debt will be paid directly to the debtor (e.g. school, collections agency, etc.) and will not be paid directly to the applicant.

COMPLETION CHECKLIST

For all applicants:

- Proof of Oregon residence (One of the documents from Appendix A)
- Copy of evidence of separation from military service, showing length and character of service (as outlined in Oregon Administrative Rule Chapter 274, Division 036)
- Completed Application – signed and dated (please type or clearly print all entries on the application). Note: both electronic and wet signatures are acceptable.
- Proof of change in name if a veteran's name has been legally changed since discharge

For Veterans enrolled in academic programs (degree, certificate, or licensing):

- Academic advisor signed application questionnaire (page 5)
- Copy of your academic plan for the remainder of your program
- Completed Household Budget (page 4)

For Veterans participating in a training program (apprenticeship or OJT):

- Training advisor signed application questionnaire (page 6)
- Copy of your training agreement
- Completed Household Budget (page 4)

For Veterans seeking grant funds for student debt relief:

- A screen shot or PDF showing a current ledger of the affected account with the outstanding debt amount
- A signed statement on school letterhead from a staff member from the school's Student Accounts or Financial Aid office confirming that you will be permitted to enroll in courses once the debt is paid (i.e. there is nothing besides the debt – such as academic probation – preventing enrollment)

Approved for ODVA Funding by:

Title

Approved Amount

Date Approved

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Form Instructions: Type or clearly print all entries.				
Section I: Personal Data and Request				
Name of Applicant (Last, First, MI, Former Names if Applicable)				
Mailing Address	City	County	State	Zip Code
Phone Number	Email Address			
Military Service				
Date From	Date To	Branch of Service		
Demographics				
ODVA celebrates the diversity of Oregon's veteran community and welcomes those who served in the United States Armed Forces to identify themselves through these voluntary responses. We use this data to inform and improve the services we provide to Oregon's diverse veteran community and their families.				
Please select the Race and/or ethnicity(ies) that you identify with. You can choose more than one.		Please select the Gender that you identify with:		Do you identify as a member of the LGBTQ+ community?
<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Hispanic/Latinx	<input type="checkbox"/> Male	<input type="checkbox"/> Transfemale	<input type="checkbox"/> Yes
<input type="checkbox"/> Asian	<input type="checkbox"/> Multiple	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> No
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Transmale	<input type="checkbox"/> Choose not to answer	<input type="checkbox"/> Unsure
<input type="checkbox"/> Choose not to answer	<input type="checkbox"/> White			<input type="checkbox"/> Choose not to answer
Basic Eligibility				
Are you currently an Oregon resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your academic program Oregon based?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What is the name of your educational institution?	In what academic program are you enrolled?			
Are you eligible to receive G.I. Bill® benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, for which Chapter (e.g. 30, 32, 33)?		
Are you currently using G.I. Bill® benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, which Chapter are you using (e.g. 30, 32, 33)?		
Are you using full-time G.I. Bill® benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you exhausted all your G.I. Bill® benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If enrolled in an academic program, please list the unavailable courses, including the academic time period it was offered and a brief explanation why it was unavailable. If in a training program, please list the time period that training hours were unavailable and the reason(s):				
If seeking grant funds to address student debt that is preventing enrollment in upcoming terms, please briefly explain the cause of the student debt in the space below AND include with this application a screen shot or PDF showing a current ledger of the affected account:				
Prior Grant Request/s				
Have you applied for this grant before?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been granted funds from this grant before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount previously received	\$	
Current Grant Request				
Requested grant amount (\$5,000 lifetime amount)	\$	Please explain requested amount below (If applying due to unavailability of courses or training hours, your request will be evaluated against your budget for demonstrated need):		
Please list any additional forms of aid you are receiving from your institution to help you finish your program. Example: Financial aid (PELL Grant, Oregon Opportunity Grant, etc.), counselling, tutoring, mentorship, TRIO, etc.				

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Please describe how the Veteran Educational Bridge Grant will help you complete your program (Limit: 500 Characters):

I certify the information is true and correct to the best of my knowledge and belief. I understand that if I have intentionally submitted invalid or fraudulent information in this application, ODVA may require immediate reimbursement of grant funds awarded. Information disclosed outside the Oregon Department of Veterans' Affairs (ODVA), including Social Security Numbers, will be made only as permitted by State and Federal law.

Signature of Veteran	Date

If awarded funds from this grant, may the Veterans Educational Bridge Grant Coordinator contact you to learn how the funds affected your ability to continue your education or training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please fill out the budget below with the most accurate information you can provide. **NOTE: Enter 0 instead of leaving fields blank.**

Section I: Household Income (All Sources)		Section II: Monthly Expenses	
Average Monthly Income		Average Monthly Expenses	Amount
Wages/Salary (after tax)	\$	Rent or Mortgage	\$
G.I. Bill® Benefit(s)	\$	Utilities (electric, water, sewer, gas, etc.)	\$
VA Disability Compensation	\$	Food	\$
Pension Benefits	\$	Academic expenses (not covered by G.I.® Bill benefits or financial aid)	\$
Other Sources of Income:	\$	Other Expenses:	\$
		Other Expenses:	\$
1. TOTAL Monthly Income	\$	Other Expenses:	\$
		Number of household members:	
		Monthly Amount on Installment Payments and other monthly Debt Payments (i.e. auto loans, credit cards, student loans, etc.)	\$
		2. TOTAL Monthly Expenses	\$
Section III: Average Monthly Cash Flow			
		Net Monthly Income Minus Expenses (Block 1 minus Block 2)	\$

Student Veteran Printed Name: _____

Student Veteran Signature: _____

Date: _____

ACADEMIC ADVISOR QUESTIONNAIRE:

The Veteran Educational Bridge Grant is designed to help student veterans that are unable to complete their academic program due to course unavailability. With this in mind, please answer the following questions as part of the student's Veteran Educational Bridge Grant application.

Also, the student veteran is required to submit a current academic/degree/graduation plan that incorporates the adjustments needed to account for the unavailable courses. Please counsel the student veteran and help them create an academic plan to be submitted with this application.

Student Name: _____ **Student ID:** _____ **Date:** _____

Is the student currently enrolled in your institution? YES NO

In which academic/degree program is the student enrolled?

Name of the course(s) that are not available:

When will the unavailable course(s) next be available?

Prior to this meeting, did the student have an academic plan created in collaboration with an academic advisor?
 YES NO

If so, was the academic plan created in collaboration with you? YES NO

If not, who was the academic plan created with? (Name & Title)

Have you previously counseled the student about the potential for course unavailability? YES NO

If so, what steps were taken to try and mitigate the chances of a course not being available?

Is the student on academic probation? YES NO

Is the student currently making satisfactory academic progress as defined by your institution? YES NO

Academic advisor's statement regarding course unavailability

When writing the statement, please describe the circumstances leading up to the unavailability of the required courses needed for the veteran to complete their program/degree within the expected completion period. Include any changes of major or program of study, any prior leave of absence, if there were multiple changes to the course of study that impacted the academic plan, or any other actions that changed the student veteran's projected completion.

Academic Advisor Printed Name: _____

Academic Advisor Signature: _____

Date: _____

Academic Advisor Contact: Phone: _____ Email: _____

TRAINING COORDINATOR QUESTIONNAIRE:

The Veteran Educational Bridge Grant is designed to help veterans that are unable to complete their academic or training program due to unavailability of classes or training hours. With this in mind, please answer the following questions as part of the Veteran Educational Bridge Grant application.

Also, the veteran is required to submit a current training plan that incorporates the adjustments needed to account for the unavailable training hours. Please counsel the veteran and help them create a training plan (or modified training agreement) to be submitted with this application.

Veteran Name: _____ **Date:** _____

Is the veteran currently participating in training (On-The-Job Training or Apprenticeship) at your facility? YES NO

In which training program is the student participating?

Dates and/or time period which training hours are/were not available:

When will training hours next be available?

Prior to this meeting, did the veteran have a training plan and/or training agreement in place?
 YES NO

If so, was the plan or agreement created in collaboration with you? YES NO

If not, with whom was the training plan created? (Name & Title)

Have you previously counseled the student about the potential for unavailability of training hours? YES NO

If so, what steps were taken to try and mitigate the chances of training hours not being available?

Is the veteran currently making satisfactory progress as defined by your facility? YES NO

Training Coordinator's statement regarding training unavailability

When writing the statement, please describe the circumstances leading up to the unavailability of the required training hours needed for the veteran to complete their program within the expected completion period. Include any prior leave of absence, changes that impacted the training plan, or any other actions that changed the veteran's projected completion.

Training Coordinator Printed Name: _____

Training Coordinator Signature: _____

Date: _____

Training Coordinator Contact: Phone: _____ Email: _____

(APPENDIX A)
LISTS OF ACCEPTABLE DOCUMENTS TO PROVE OREGON RESIDENCE
All documents must be UNEXPIRED

- Any document accepted as proof of identity, such as an approved County Corrections Proof of Identity/Date of Birth letter, an Oregon Concealed Weapon Permit/Concealed Handgun License or military documents
- Oregon vehicle title or registration card
- Utility hook up order or utility statement issued by the service provider
- Any document issued by a financial institution that includes your residence address
- Any document issued by an insurance company or agent
- Any document issued by an educational institution
- A U.S. government-issued marriage certificate or license signed by a government official
- Rental/Lease Agreement that includes the original signature of the lessor or landlord
- A loan agreement, payment booklet/voucher, or loan statement
- Paycheck, paystub, W-2 or 1099 tax form
- An Oregon Department of Consumer & Business Services (DCBS) issued manufactured structure ownership document
- Oregon voter notification card or voter profile report
- Selective Service card
- Medical or health benefits card
- Unexpired professional license issued by an agency in the U.S.
- Approved letter from Oregon State Hospital, homeless shelter, transitional service provider or halfway house dated within 60 days of your application certifying your residence address
- Letter from Department of Veterans Affairs Rehabilitation Center & Clinics certifying your address
- Letter on company letterhead from an employer certifying that you live at a non-business address owned by the business or corporation