



EDUCATIONAL AID ELIGIBILITY DETERMINATIONS

700 Summer Street NE
Salem, Oregon 97301-1285
Phone 1-800-692-9666 or (503) 373-2085
(503) 373-2217 (TTY only)
www.oregon.gov/odva

Call the Oregon Department of
Veterans' Affairs or your local
County Veterans' Service Officer
for assistance.

Name of Veteran (<i>Last, First Middle</i>)		
Mailing Address of Veteran (<i>Street or Box Number</i>)		
City	State	Zip
Telephone Number (<i>include area code</i>) ()	U.S. Citizen Yes No	Oregon Resident Yes No

You MUST attach a certified copy of your most current DD Form 214.

MILITARY INFORMATION

Service/Social Security Number	Date(s) of Service		Branch of Service
	From	To	
	From	To	

I certify that all foregoing statements are true and complete to the best of my knowledge and belief. I further certify that I am a citizen of the United States of America and a bona fide resident of the State of Oregon.	
Full Signature of Veteran X	Date Signed

FOR OREGON DEPARTMENT OF VETERANS' AFFAIRS USE ONLY

<input type="checkbox"/> Certified DD-214 <input type="checkbox"/> Honorable <input type="checkbox"/> Citizen <input type="checkbox"/> Current Resident				
<input type="checkbox"/> Korean War Era Months	<input type="checkbox"/> Vietnam War Era Months	<input type="checkbox"/> Persian Gulf Era Months	<input type="checkbox"/> GWOT Era Months	<input type="checkbox"/> Peacetime Era Months
<input type="checkbox"/> Eligible	Comments:			
<input type="checkbox"/> Not Eligible				
Signature of ODVA Representative				Date Signed