



APPLICATION FOR OREGON VETERANS' EDUCATIONAL AID

SECTION I (TO BE COMPLETED BY THE VETERAN)		
Name of Veteran (<i>Last, First Middle</i>)	Social Security Number	
Mailing Address	Telephone Number	
City	State	Zip Code
I hereby apply for educational aid benefits available to certain veterans of the State of Oregon in accordance with the provisions of ORS 408.010.		
1.	Name of School or Training Institution I will Attend	
	Address of School or Training Institution I will Attend	
2.	I will pursue the following course of study (<i>✓ all that pertain</i>) <input type="checkbox"/> Full-time <input type="checkbox"/> Undergraduate <input type="checkbox"/> Business <input type="checkbox"/> Part-time <input type="checkbox"/> Law School Undergraduate <input type="checkbox"/> Flight Training <input type="checkbox"/> Correspondence (<i>Home Study</i>) <input type="checkbox"/> Medical School Undergraduate <input type="checkbox"/> Technical-Vocational <input type="checkbox"/> Graduate <input type="checkbox"/> Associate Degree (<i>Community</i>) <input type="checkbox"/> Other _____	
3.	List of Academic or Vocational Programs from School Catalogue	
4.	Course Begins (<i>Month, Day, and Year</i>)	Course Ends (<i>Month, Day, and Year</i>)
Note: This application is for the enrollment period for which tuition and fees are certified in Section II line 5.		
I hereby certify I am currently a legal resident of the State of Oregon; I am not receiving federal educational benefits as a result of military services for which I receive Oregon Veterans' Educational Aid; and I will keep the Oregon Department of Veterans' Affairs (ODVA) informed about changes of address, change of courses, hours, or fees.		
Signature of Veteran		Date Signed

IMPORTANT — PLEASE READ

- This application must be presented to your school for acceptance and completion of **SECTION II** on reverse.
- Unless your eligibility has already been established, an Educational Aid Eligibility Determination, ODVA Form 1004-M, must be completed and forwarded to ODVA, accompanied by a certified copy of your Report of Separation from the Armed Forces, DD Form 214.
- **Disclaimer:** Information disclosure outside ODVA, including Social Security Number, will be made only as permitted by State and Federal law.

This information is also available in alternate formats, upon request.

SECTION II (TO BE COMPLETED AND SUBMITTED BY SCHOOL OFFICIAL)

Mail Directly to:
 EDUCATIONAL AID
 OREGON DEPARTMENT OF VETERANS' AFFAIRS
 700 SUMMER ST NE
 SALEM OR 97301-1289

Note: ODVA will calculate payments to the veteran based on the information you provide below: therefore, please complete all items as accurately as possible.

1.	Name of Veteran (<i>Last Name, First Middle</i>)	Social Security Number of Veteran	
2.	Veteran enrolled as a <input type="checkbox"/> full-time student <input type="checkbox"/> part-time student		
3.	Academic or Vocational Program in which Student is Registered	Number of Hours Registered # _____ per <input type="checkbox"/> clock <input type="checkbox"/> semester <input type="checkbox"/> term	
4.	This course of study is <input type="checkbox"/> Undergraduate College Level <input type="checkbox"/> Associate Degree (<i>Community College</i>) <input type="checkbox"/> Other (<i>explain</i>):		
5.	Classes began (<i>month, day, and year</i>)	Ending date of enrollment period (<i>month, day, and year</i>)	
6.	The following charges are required for the course of study and enrollment period listed in item 5 above.		
	Tuition	Lab and other fees	Supplies
	\$ _____	\$ _____	\$ _____
		Books	\$ _____

Tuition and other expenses quoted are for the entire enrollment period (*Item 5 above*).

CERTIFICATE

I hereby certify the above-named veteran has reasonable qualifications to pursue the course of study for which he or she has enrolled and is not receiving federal educational benefits; such course, if satisfactorily completed, should add to his or her capacity as a useful citizen; I further certify the information above is true and complete and any change in program, hours, or fees will be reported to ODVA.

Name of School	Signature of School Official	
Mailing Address of School	Title of School Official	
City, State, Zip Code	Date Signed	Telephone Number of Official

FOR ODVA USE ONLY

Beginning Date	Ending Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Cost \$ _____	Rate _____
Comments:		
Signature of ODVA Representative		Date Signed