



EDUCATIONAL AID APPLICATION

1-800-828-8801 ext. 2264
or (503) 373-2264
(503) 373-2217 (TTY only)
www.oregon.gov/odva

Name of Veteran (<i>Last, First Middle</i>)		Social Security Number	
Mailing Address		Telephone Number	
City	County	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		
	Address of School or Training Institution		
2.	Educational Goal(s) (<i>all that pertain</i>)		
	Vocational Certificate Doctorate Degree	Bachelor Degree Professional Degree	Master Degree Associate Degree
3.	Course of Study		
4.	Course Begins (<i>Month, Day, and Year</i>)	Course Ends (<i>Month, Day, and Year</i>)	
5.	Yes No I am a resident of the State of Oregon.		
6.	Yes No I am currently receiving federal GI Bill educational benefits as a result of military services.		
I certify that all foregoing statements are true and complete to the best of my knowledge and belief.			
Signature of Veteran		Date Signed	

IMPORTANT — PLEASE READ

- Veterans serving after September 11, 2001, may be eligible for the Post 9/11 G.I. Bill. Contact our office for further information
- Unless your eligibility has already been established, an Educational Aid Eligibility Determination, ODVA Form 1004-ME, must be completed and forwarded to ODVA, accompanied by a certified copy of your Report of Separation from the Armed Forces, DD Form 214.
- Information disclosure outside ODVA, including Social Security Number, will be made only as permitted by State and Federal law.

Mail this form to: ODVA, EDUCATIONAL AID, 700 SUMMER STREET NE, SALEM, OREGON 97301-1285