OREGON DEPARTMENT of VETERANS' AFFAIRS | STATEWIDE VETERAN SERVICES

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 be returned to the applicant for resubmission through the secure link on the website.

For any questions or assistance needed with completing this application, please contact the VEBG Coordinator at ebg@ODVA.Oregon.GOV

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.**

ELIGIBILITY:

Veterans per Oregon Administrative Rule (OAR) 274.255 who are Oregon residents, are/were enrolled in an eligible academic or training program and are/were unable to complete their program due to a financial hardship, including unavailability of courses or training hours, impacting the veterans' ability to continue their program.

*Please see examples in the above OAR of potential qualifying circumstances included.

$10,000 PER VETERAN MAXIMUM:

An eligible veteran can receive this grant multiple times up to a maximum of $10,000. 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 ease instances of financial hardship will be paid directly to the creditor (e.g. school, landlord, etc.) and will not be paid directly to the applicant.

REQUIRED DOCUMENTS FOR COMPLETED APPLICATION

All applicants must submit the following documents:

☐ 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

Additional documents for veterans seeking grant funds for financial hardship:

☐ Completed questionnaire from academic advisor or training coordinator
☐ Competed Budget Form
☐ Additional documentation to support hardship requests i.e. overdue utility bills, unpaid medical bills, repair estimates for home or vehicle repairs, evidence of overdue rent or mortgage payments, etc. (Please contact VEBG Coordinator for questions or clarification)
☐ Creditor information, including W-9, so payment may be made from ODVA on behalf of the applicant.

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**

Date of Birth	Phone Number	Email Address

Military Service:

Date From	Date To	Branch of Service

Demographics and Referrals

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. Information provided or **not** provided will not impact the outcome of application.

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?
☐ American Indian/ Alaska Native	☐ Hispanic/Latinx	☐ Male	☐ Transfemale	☐ Yes
☐ Asian	☐ Multiple	☐ Female	☐ Other	☐ No
☐ Black/African American	☐ Native Hawaiian/Pacific Islander	☐ Transmale	☐ Choose not to answer	☐ Unsure
☐ Choose not to answer	☐ White			☐ Choose not to answer

ODVA is committed to ensuring that Oregon's veteran community and their families are informed of all resources available to them. Please check if you give ODVA permission to share information on identified resources with you:	ODVA Agency Services:
	• LGBTQ+ Veteran Coordinator: ☐ YES ☐ NO
	• Women Veteran Coordinator: ☐ YES ☐ NO
	• Houseless Veteran Coordinator: ☐ YES ☐ NO
	• Campus Veteran Coordinator: ☐ YES ☐ NO
	• Tribal Veteran Coordinator: ☐ YES ☐ NO

Basic Eligibility

Are you currently an Oregon resident?	☐ YES ☐ NO	Do you currently owe a debt to a student account?	☐ YES ☐ NO
What is the name of your educational institution or training program?		In what academic or training program are you enrolled?	
Are you eligible to receive G.I. Bill® benefits?	☐ YES ☐ NO	If so, for which Chapter (e.g. 30, 32, 33)?	
Are you currently using G.I. Bill® benefits?	☐ YES ☐ NO	If so, which Chapter are you using (e.g. 30, 32, 33)?	
Are you using full-time G.I. Bill® benefits?	☐ YES ☐ NO	Have you exhausted all your G.I. Bill® benefits?	☐ YES ☐ NO

Prior Grant Request/s

Have you applied for this grant before?	☐ YES ☐ NO	Have you been granted funds from this grant before?	☐ YES ☐ NO
Amount previously received:			

Current Grant Request

Current Requested Amount:	

Please briefly explain the circumstances surrounding your financial hardship and how it is impacting your education or training completion:

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Please describe how the Veteran Educational Bridge Grant will help you complete your education or training 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?	☐ YES ☐ NO

Please Remember

- To submit additional documentation, as required,
- To complete and submit the Budget Form.
- To have the attached Questionnaire completed by an academic advisor, school official or training coordinator and submit it with your application.

If you require any assistance with obtaining these documents, please reach out to the Veterans Educational Bridge Grant Coordinator at ebg@odva.oregon.gov

Please fill out the budget below with the most accurate information you can provide. **NOTE: Enter 0 instead of leaving**

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fields blank. If needed, please provide multiple and separate budget forms if financial hardship was experienced over various months. For example, hardship began mid-month and continued for the next month, you would provide a budget individualized for both months.

Section I: Household Income (All Sources)		Section II: Monthly Expenses	
Average Monthly Income	Amount	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	$ 0.00	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	$ 0.00
		Section III: Average Monthly Cash Flow	
		Net Monthly Income Minus Expenses (Block 1 minus Block 2)	$ 0.00

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

GENERAL HARDSHIP QUESTIONNIARE: (TO BE COMPLETED BY TRAINING OR ACADEMIC OFFICIAL)

The Veteran Educational Bridge Grant is designed to help veterans experiencing financial hardship that is impacting or interfering with their ability to complete their education or training goals. This may include current or former periods on the out of work list (for apprentices) or the unavailability of a required course. Also included, but not limited to, other examples of hardship: New or increased costs for childcare, unplanned medical or dental expenses, unexpected increase in housing costs, unplanned home repairs, or loss of transportation. With this in mind, please answer the following questions as part of the Veteran Educational Bridge Grant application. If this application is being applied retroactively, please answer questions according to the previous period of hardship.

Please counsel the veteran with any available resources for their situation and, if available, please provide any supporting documentation that you believe may assist with a decision in this grant application.

Name of person completing form:_____

Role or Relationship to veteran:_____

Name of institution, facility, or organization you work with_____

Veteran Name:_____ **Student ID# (if applicable):**_____**Date:** _____

1. Is the veteran currently enrolled in courses, classes, and/or training (On-The-Job Training or Apprenticeship) at your facility or institution? ☐YES ☐NO

2. If not, what is the plan for the veteran to enroll?

3. Is the applicant currently on an "out of work" list or unable to take a required course?☐YES ☐NO

4. Has the veteran attempted to seek counsel or resources with you or other officials, for the hardship they are experiencing? If yes, what resources have been attempted or accessed to assist the Veteran with their current hardship?

Education/Training Official Printed Name: _____Phone:_____Email:_____

Education/Training Official Coordinator Signature_____Date: _____

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

- Oregon Driver License or Photo ID Card
- 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 the U.S. Department of Veterans Affairs (VA) 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
- 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

(APPENDIX B)

Examples of Financial Hardship that may impact a person's ability to remain in or complete their current education or training program.

Note: This is not an exhaustive list, but rather a point of reference regarding what situations may qualify. ODVA understands that we cannot list every scenario that may impact on your financial situation. If you are uncertain whether you may be eligible, please contact the VEBG coordinator at ebg@odva.oregon.gov

- A college or university course is not available, creating a gap in an academic plan.
- Training hours and/or apprenticeship hours are unavailable (AKA the "out of work list.")
- An increase in childcare expenses or new need for childcare.
- Unplanned medical or dental expenses.
- Unexpected loss of transportation and/or unexpected auto repairs.
- Unexpected increase in cost of housing.
- Household income has changed unexpectedly (i.e. loss of employment).
- Unplanned costs or expenses related to training or degree program (i.e., tool replacement, appropriate attire requirements).
- Unplanned home repairs.
- Decrease or loss of federal or state benefits including (but not limited to):
    - Medicaid
    - U.S. Department of Veterans Affairs (VA) Compensation or Pension benefits
    - Social Security Disability Insurance (SSDI)
    - Supplemental Security Income (SSI)
- Relocation for various reasons but not limited to
    - Housing insecurity