

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>

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 OAR 274.255) that are currently eligible for G.I. Bill® benefits who are Oregon residents, are enrolled in an Oregon-based program, and are unable to complete their academic program due to course unavailability.

Qualifying GI Bill® Benefits:

- CH 30 – Montgomery GI Bill®
- CH 32 – Veterans Educational Assistance Program (VEAP)
- CH 33 – Post 9/11 GI Bill®

\$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.

COMPLETION CHECKLIST

- ☐ 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 (DD214/DD215)
- ☐ Completed Application – signed and dated (please type or clearly print all entries on the application)
- ☐ Academic advisor signed application questionnaire
- ☐ Copy of your academic plan for the remainder of your program by an academic advisor
- ☐ School Certifying Official (SCO) signed application questionnaire
- ☐ Proof of change in name if a veteran's name has been legally changed since discharge

Approved for ODVA Funding by:	Title	Approved Amount	Date Approved



You are not alone. If you are experiencing suicidal thoughts or feelings, please call the Veterans Crisis Line at **1-800-273-8255, and press 1**, or text **838255**

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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	
Please list the unavailable courses, including the academic time period it was offered and a brief explanation why it was unavailable:				
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 (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 academic program. Example: Financial aid, counselling, tutoring, mentorship, TRIO, etc.				
Please describe how the Veteran Educational Bridge Grant will help you complete your academic 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. 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	



OREGON DEPARTMENT OF VETERANS' AFFAIRS VETERAN EDUCATIONAL BRIDGE GRANT APPLICATION

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: _____

OREGON DEPARTMENT OF VETERANS' AFFAIRS
VETERAN EDUCATIONAL BRIDGE GRANT APPLICATION**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: _____



OREGON DEPARTMENT OF VETERANS' AFFAIRS VETERAN EDUCATIONAL BRIDGE GRANT APPLICATION

School Certifying Official (SCO) 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.

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

Is the veteran currently using any U.S Department of Veteran's Affairs (VA) education benefits at your institution?

☐ YES ☐ NO

If so, what VA education benefits are the veteran using (e.g. Chapter 30, 32, 33)?

Does your institution require that that student veteran develop an academic plan with an academic advisor?

☐ YES ☐ NO

Prior to this questionnaire, were you aware that the student veteran was unable to complete their academic program due to course unavailability? ☐ YES ☐ NO

Additional comments:

School Certifying Official's Printed Name: _____

School Certifying Official's Signature: _____

Date: _____



OREGON DEPARTMENT OF VETERANS' AFFAIRS VETERAN EDUCATIONAL BRIDGE GRANT APPLICATION

(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