

## VETERANS EDUCATION PROGRAM APPLICATION

<b>NAME</b>				
<b>PHONE</b>				
<b>EMAIL</b>				
<b>HOME ADDRESS</b>	Street	City	State	Zip
<b>BRANCH OF MILITARY</b>	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard
<b>STATUS</b>	<input type="checkbox"/> Active	<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Separated	_____

Please indicate if you have attended any of the following:

**High School:** \_\_\_\_\_  
Name City/State Date

**College:** \_\_\_\_\_  
Name City/State Date

**Trade School:** \_\_\_\_\_  
Name City/State Date

\_\_\_\_\_ **For Official Use** \_\_\_\_\_

- DD214
- High School Transcripts
- College Transcripts
- Other Transcripts

**Comments:** \_\_\_\_\_

**Approval Status:**

- Full
- Conditional: \_\_\_\_\_
- None
- Withdraw

**Actions:** \_\_\_\_\_