WDVA 2029 Application for Wisconsin G.I. Bill:

This form needs to be filled out and returned to the UW Oshkosh Veteran Resource Center (Dempsey 130).

WDVA 2030 Request for Certification for Wisconsin G.I. Bill:

REMEMBER TO SEND IN THESE DOCUMENTS WITH THE WDVA 2030 APPLICATION:
- Veteran’s DD214 (most recent)
- Disability Letter (showing 30% or more service connected disability)
- Spouses need: Marriage License
- Children need: Birth Certificate or proof of dependent status (i.e. adoption certificate)

Bring the WDVA 2030 to the UWO Veterans Resource Center with the correct documentation or mail it to:
Wisconsin Dept. of Veterans Affairs
Attn: Wisconsin G.I. Eligibility
30 W Mifflin St
P.O. Box 7843
Madison, WI 53707-7843

These documents need to be filled out and sent in before the start of the first semester that the student will be attending. We recommend filling them out at least 2-4 weeks before the start of the semester.
REQUEST FOR CERTIFICATION FOR WISCONSIN G.I. BILL

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

NOTE: Once application is received and/or base file is established, you may go to https://services.dva.state.wi.us for online access to the Veterans Benefits and Applications Tracking System (VBATS) and to view current status. You may also check with your local County Veterans Service Office or School Veterans Certifying Official. You may also call 1-800-WIS-VETS (947-8387) and ask for the Wisconsin G.I. Bill Program Coordinator. Once your application has been reviewed, we will send you the results of that review.

Instructions: All applicants must complete this form in full and attach required documentation as follows: 1) DD Form 214, Certificate of Release or Discharge from Active Duty (for all applicants); 2) WDVA 0001, Eligibility Determination (if the veteran has not previously established eligibility for benefits); 3) death certificate (if the veteran is deceased); 4) Federal VA service-connected disability rating notification letter (if claiming eligibility based on service-connected disability). Mail this application and the appropriate supporting documents to: Wisconsin Dept. of Veterans Affairs, Attn: Wisconsin G.I. Bill Eligibility, 201 W. Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843.

THIS FORM IS FOR SUBMISSION TO THE WISCONSIN DEPARTMENT OF VETERANS AFFAIRS (WDVA)

NOTE: This is a two-step process. The WDVA only certifies the veteran as eligible. It is up to the school to approve the student for the tuition remission if veteran, eligible child or eligible spouse.

Veteran’s Name (Print)

Veteran’s Date of Birth

Veteran’s Social Security No.

Veteran’s Address *

Veteran’s Email Address *

City, State, Zip Code

Veteran’s Telephone No. *

Student’s Full Name

Student’s Social Security No. (required for Wisconsin Higher Educational Aids Board credit tracking)

Student’s Campus ID No

Student’s Date of Birth

Student’s Campus (NO ABBREVIATIONS)

Beginning (mo/yr)

I am requesting certification based on my status as (check as many as apply):

- [ ] Veteran (Myself)
- [ ] Spouse of
- [ ] Un-married Surviving Spouse of
- [ ] Child of

I will attend (check one):

- [ ] University of Wisconsin
- [ ] Wisconsin Technical College

My signature below, affirms that I understand and agree to the following:

1. I must also apply for Wisconsin G.I. Bill benefits to the UW System or Wisconsin Technical College System institution that I wish to attend and that failure to apply will prevent me from receiving any benefits to which I might otherwise have been entitled; and
2. The Wisconsin Technical College System and the UW System require my social security number for verification by the Wisconsin Higher Educational Aids Board (HEAB) for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
3. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the WDVA, and the HEAB;
4. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. I agree to inform the school(s) named above of any change in the circumstances upon which this application is based.

Applicant’s Signature (Veteran if still living and legally competent)

Date

Student’s Signature (if different from Applicant)

Date

You can access the most recent version of this form from the WDVA website at www.WisVets.com/Forms.
APPLICATION FOR WISCONSIN G.I. BILL

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

APPLY EARLY!
Applications for the Wisconsin Technical College System (WTCS) should be submitted to the district Veterans Certifying Official and WDVA by the fourteenth (14th) calendar day of the semester (WTCS Date of Record). Applications for University of Wisconsin institutions should be submitted to the educational institution and the Wisconsin Department of Veterans Affairs (WDVA) within fourteen (14) calendar days from the official start of the term for the fall or spring term, by June 1st for summer terms, and by the due date for term fees for interim terms. Applying within the suggested timeline allows for financial aid to be accurately determined and reduces the risk of students receiving an overpayment that would need to be repaid to the institution.

THIS FORM IS FOR SUBMISSION TO THE EDUCATIONAL INSTITUTION

Student Name (Print) Date of Birth
Address Telephone Number
City, State, Zip Code Social Security Number
Email Address Campus Student ID Number

I am applying for the Wisconsin G.I. Bill Benefits/Tuition Remission based on my status as (check as many as apply):

- [ ] Veteran (Myself)
- [ ] Spouse of
- [ ] Unremarried Surviving Spouse of
- [ ] Child of

Veteran’s Date of Birth

Full Name of Veteran

I will attend (check one):

- [ ] University of Wisconsin
- [ ] Wisconsin Technical College

Print Full Name of Campus (NO ABBREVIATIONS)

Beginning (mo/yr)

Fall Spring Summer Other 20

I have received Wisconsin G.I. Bill benefits previously, and I most recently attended the following UW or Wisconsin Technical College institution:

Name of Campus

From (mo/yr) To (mo/yr)

I am or will be receiving (check all that apply):

- [ ] Reserve Officers’ Training Corps (ROTC) Scholarship benefits [10 USC 2107(c)]
- [ ] Federal VA Ch. 31 Vocational Rehabilitation benefits [38 USC 3104(a)(7)(A)]

[Over →]
1. If you are using Wisconsin G.I. Bill benefits, please check one and initial:

☐ I declare that I have no active-duty military service following Sept. 10, 2001.

☐ I declare that I have active-duty military service following Sept. 10, 2001.
   - I have applied or will apply for federal Post-9/11 G.I. Bill benefits beginning with the indicated semester/term:
     - I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 G.I. Bill benefits or a federal Post-9/11 G.I. Bill benefits rejection notice from the federal VA to my school certifying official within two weeks of receiving it.

☐ I declare that I have 12 months or less of a federal military benefit remaining, and I plan to exhaust it before applying for the federal Post-9/11 G.I. Bill in the following semester/term:
   - I understand that I may only continue to use the Wisconsin G.I. Bill as a veteran if I have 12 or fewer months of federal benefits remaining under Chapter 30, 1606, or 1607.
   - I understand that I may only continue to use the Wisconsin G.I. Bill as a child or spouse if I have 12 or fewer months of federal benefits remaining under Chapter 35, 1606, or 1607.
   - I understand I must provide a copy of my Web Automated Verification of Enrollment (WAVE) report or most current federal VA award letter showing months used and months remaining for Chapter 30, 35, 1606, or 1607 benefits.

☐ I declare that I have not transferred federal Post-9/11 G.I. Bill benefits to a child or spouse.

☐ I declare that I have transferred federal Post-9/11 G.I. Bill benefits to a child or spouse.

☐ Have any federal Post-9/11 G.I. Bill benefits been transferred to you by a parent or spouse?
   - I declare that my parent or spouse has not transferred federal Post-9/11 G.I. Bill benefits to me.
   - I declare that my parent or spouse has transferred federal Post-9/11 G.I. Bill benefits to me.
     - I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 G.I. Bill benefits or a federal Post-9/11 G.I. Bill benefits rejection notice from the federal VA to my school certifying official within two weeks of receiving it.

My signature below, affirms that I understand and agree to the following:

1. My application for Wisconsin G.I. Bill benefits is not complete until I also request and obtain certification of veteran status from the Wisconsin Department of Veterans Affairs; and
2. The Wisconsin Technical College System and the University of Wisconsin System require my social security number for verification by the Wisconsin Higher Educational Aids Board for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
3. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the Wisconsin Department of Veterans Affairs, and the State of Wisconsin Higher Educational Aids Board.
4. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. I agree to inform my school certifying official of any change in the circumstances upon which this application is based before the beginning of the next term/semester.

Signature of Applicant

Date

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