



APPLICATION FOR WI GI BILL FOR SPOUSES AND DEPENDENTS

There are two ways to apply for WI GI bill as a spouse or dependent.

1. **Online:** Veteran registers their account on www.mywisvets.com, adds spouse/dependent, and applies for them. (See Quick Help video on www.mywisvets.com)
2. **By Mail:** Fill out WDVA 2030 form and submit to WDVA with documentation. (Instructions below)

Applying for WI GI Bill by mail

1. Fill out WDVA 2030 form (included in this packet)
2. Documentation needed:
 - Veteran's DD214 (most recent)
 - Disability Letter (showing 30% or more service connected disability)
 - Spouses need: Marriage License
 - Dependents need: Birth Certificate or proof of dependent status (i.e. adoption certificate)
3. Send WDVA 2030 form and documentation to:
Wisconsin Dept. of Veteran Affairs
ATTN: Wisconsin GI Eligibility
30 W Mifflin St
PO Box 7843
Madison, WI 53707-7843

The following need to be submitted to the Veteran Resource Center:

- WDVA 2029 form (included in this packet)
- Spouses need: Marriage License
- Dependents need: Birth Certificate or proof of dependent status (i.e. adoption certificate)
- If the Veteran did not enlist in Wisconsin: 5 Year Residency Affidavit
(available online at uwosh.edu/veterans)

These documents need to be filled out and sent in before the start of the semester that the student will be attending. We recommend filling them out at least 2-4 weeks before the start of the semester.

VETERAN RESOURCE CENTER
UNIVERSITY OF WISCONSIN OSHKOSH • 800 ALGOMA BLVD • OSHKOSH WI 54901 (920)
424-1804 • FAX (920) 424-3386



Wis. Stats. Chapter 45

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)].

Instructions:

1) Complete the Request For Certification For Wisconsin G.I. Bill (WDVA 2030) (Note: If the veteran is alive and legally competent, they must sign the WDVA 2030).

2) Attach a copy of the veteran's DD Form 214, Certificate of Release or Discharge from Active Duty and any other supporting documentation (See Wisconsin G.I. Bill - Fee Remission For Veterans, And The Spouse, Surviving Spouse, And Children Of Certain Veterans Application Guide (WDVA B0105) for documentation requirements.

3) Mail this application and the appropriate supporting documents to:

Wisconsin Dept. of Veterans Affairs
Attn: Veterans Assistance Section
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 be it 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. *

*If Veteran is deceased, see #2 under the Completion Checklist section of the instructions on the reverse side of this form.

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

- Veteran (Myself)
Spouse of Veteran
Un-remarried Surviving Spouse of Veteran
Child of Veteran

Student's Full Name

Student's Date of Birth

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

Student's Campus ID No.

I will attend (check one):

- University of Wisconsin
Wisconsin Technical College

Full Name of Campus (NO ABBREVIATIONS)

Beginning (mo/yr)

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



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

Please note: Eligibility for the WI GI Bill is *a two part process*. WDVA certifies the veteran is eligible, and UW/WTCS determines the student (veteran, spouse, or child) is eligible for the tuition remission based on state law.

Student Name (Print)

Date of Birth

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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 _____ Full Name of Veteran

Veteran's Date of Birth

Child of

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)]

YOU MUST CHECK ONE BOX UNDER EACH QUESTION

1. If you plan to use Wisconsin G.I. Bill benefits, please check one and initial:

- I declare that I have no active-duty military service following Sept. 10, 2001.
**Please do not include basic training, initial job training and drill obligations as active-duty.*
- 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 I have fully exhausted my federal Post-9/11 benefits.

Initials of Applicant

Semester Year

Initials of Applicant

Semester Year

Initials of Applicant

Initials of Applicant

2. Have you transferred any federal Post-9/11 G.I. Bill benefits to a family member?

- 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.

Initials of Applicant

Initials of Applicant

3. 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.

Initials of Applicant

Initials of Applicant

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

Documentation to Submit to the College