



WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE
High School Diploma Application

For veterans who served in World War II, The Korean War or the Vietnam Conflict
West Virginia State Code §18-2-34
Title 126 Legislative Rules Series 96

To Receive a high school diploma, applicants must meet the following eligibility requirements:

1. Must have served in the United States Armed Forces between September 16, 1940 and December 31, 1946; between June 27, 1950 and January 31, 1955; or between February 28, 1961 and May 7, 1975
2. Must have ben discharged from the Armed Forces under honorable conditions
3. Must not have previously received a high school diploma

Eligible veterans should complete this application and mail it, along with a copy of his/her DD214 to:

West Virginia Department of Veterans Assistance
Office of the Cabinet Secretary
1900 Kanawha Boulevard East
Building 5, Suite 205
Charleston, WV 25305

Section 1: Veteran Information

Full Name: _____

Address: _____

Phone: _____ Date of Birth: _____

County of Residence: _____ Character of Discharge: _____

Branch of Service: _____ Character of Discharge: _____

Dates of Service: _____ to: _____

Section 2: High School Information

Name of School Attended: _____

County: _____ Years of attendance: _____ to: _____

Year your class Graduated: _____

What county would you prefer issue your diploma? _____
(County of current residence or high school attended)

I attest that the information provided on this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

Upon verification of veteran's eligibility, the WVDVA will forward the application to the West Virginia Department of Education. The Department of Education will notify the selected county of the award and that county will issue the diploma.

Section 3: To be Completed by WV Department of Veterans Assistance

Approved

Disapproved

Name of Reviewer: _____ Title: _____

Signature: _____ Date: _____

Section 4: To be Completed by the WV Department of Education

Approved

Disapproved

Name of Reviewer: _____ Title: _____

Signature: _____ Date: _____