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**WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE  
WAR ORPHAN EDUCATION PROGRAM**

*For fees associated with qualified students' room, board, books and other living expenses  
West Virginia State Code §18-19-2*

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Students who qualify for the War Orphan Education Program will not be charged tuition and fees by a West Virginia post-secondary education or training institution. Award amounts administered by the West Virginia Department of Veterans Assistance are to cover costs associated with room, board, books, and other living expenses. This amount fluctuates according to the number of applications received each semester. No more than \$1,000 will be awarded to a student in any one semester and no more than \$2,000 will be awarded to a student in any one year.

To qualify, a student must meet the following eligibility requirements:

1. Must be at least sixteen years old, but not more than twenty-five (Veteran's spouses are exempt from this requirement)
2. Must be enrolled in a post-secondary education or training institution in the state of West Virginia
3. Veteran parent (or spouse) must have designated West Virginia as his or her state of record at time of enlistment
4. Veteran parent must have served in the United States Armed Forces on active duty as declared by President under Title 10 and must have been killed in action or have died as a result of his or her war service

**Application deadline for Fall semester: August 31st**

**Application deadline for Spring semester: January 31st**

**Students may not apply for this assistance retroactively**

To apply, please gather the following documents:

1. Completed application form
2. Proof of enrollment in a West Virginia institution of post-secondary education or training (copy of tuition bill, schedule of courses, transcript, student identification, etc.)
3. Copy of Veteran parent's DD214
4. If veteran's death occurred after discharge, proof of death and evidence of relationship between war service and cause of death

Please enclose all documents in a single envelope and submit to:

West Virginia Department of Veterans Assistance  
Office of the Cabinet Secretary  
1900 Kanawha Boulevard East  
Building 5, Suite 205  
Charleston, WV 25305  
Phone: 304-558-3661  
[veterans.wv.gov](http://veterans.wv.gov)

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**Section 1: Student Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Section 2: Veteran Information**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

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**Section 3: Institution Information**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Semester Start Date: \_\_\_\_\_

Email Address of Certifying Official: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***I attest that the student is attending the school  
specified in this application.***

Certifying Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_