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**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*

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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 been 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  
Phone: 304-558-3661  
veterans.wv.gov

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**Section 1: Veteran Information**

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

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

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

County of Residence: \_\_\_\_\_ Character of Discharge: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to: \_\_\_\_\_

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**Section 2: High School Information**

Name of School Attended: \_\_\_\_\_

County: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_ to: \_\_\_\_\_

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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.

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**Section 3, to be completed by WV Department of Veterans Assistance:**

Approved

Disapproved

Name of reviewer: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**Section 4, to be completed by WV Department of Education:**

Approved

Disapproved

Name of reviewer: \_\_\_\_\_ Title: \_\_\_\_\_

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