



**WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE
VETERANS RE-EDUCATION ASSISTANCE APPLICATION**

For post-secondary education or training

Award amounts may fluctuate according to the number of applicants and the total amount of funding allocated to the program by the West Virginia Legislature each fiscal year. Award monies may be granted at the discretion of the WVDVA for tuition assistance, tests associated with professional licensure or certification, or other training materials. There is no application deadline, but payments could take up to six weeks to process. Students who wish to reapply must submit a new application each semester.

To qualify, the following eligibility criteria must be met:

1. Must have served in and been Honorably Discharged from the United States Armed Forces
2. Must have exhausted GI Bill benefits
3. Must be a resident of West Virginia

To apply for Veterans Re-education Assistance, please compile the following documents:

1. A completed version of this application form
2. A copy of your DD214
3. Proof of enrollment in a West Virginia institution of postsecondary education or training (copy of tuition bill, schedule of courses, test enrollment confirmation, etc.)
4. Proof of West Virginia residence

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

Section 1: Veteran Information

Full Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email Address: _____

SSN: _____ Driver's License Number: _____

Branch of Service: _____ Character of Discharge: _____

Dates of Service: _____ to: _____

Section 2: Postsecondary Institution/Exam Information

Name of school (or exam): _____

Address: _____

Phone: _____

Cost: _____

(list cost of the professional exam or training, or cost of tuition per semester)

Attending Full time or Part time (if applicable): _____

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

Applicant Signature: _____

Date: _____

Section 3, to be completed by Financial Officer or Educational Institution:

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

Have G.I. Bill benefits been exhausted? Yes No

Name of reviewer: _____ Title: _____

Signature: _____ Date: _____

Email of Certifying Official: _____

Section 4, to be completed by WV Department of Veterans Assistance:

Approved in the amount of: _____

Disapproved

Name of reviewer: _____ Title: _____

Signature: _____ Date: _____