



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: Wisconsin G.I. Bill Eligibility

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

[] Un-remarried Surviving

Spouse of

[] Child of

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