



EDUCATIONAL AID ELIGIBILITY DETERMINATIONS

700 Summer Street NE
Salem, Oregon 97301-1285
Phone 1-800-692-9666 or (503) 373-2085
(503) 373-2217 (TTY only)

Call the Oregon Department of Veterans' Affairs
or your local County Veterans' Service Officer
for assistance.

Name of Applicant (<i>Last, First Middle</i>)		
Address of Applicant (<i>Street or Box Number</i>)		Telephone Number
City	State	Zip
Social Security Number	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No

You MUST attach a certified copy of each DD Form 214 (*a certified copy must have an original signature of the party certifying the DD214*).

MILITARY INFORMATION

Service Serial Number	Entered Active Service	
	Date	Place
	Discharged From Active Service	
	Date	Place

I certify that all foregoing statements are true and complete to the best of my knowledge and belief. I further certify that I am a citizen of the United States of America and a bona fide resident of the State of Oregon.

Full Signature of Applicant	Date Signed
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FOR OREGON DEPARTMENT OF VETERANS' AFFAIRS USE ONLY

<input type="checkbox"/> DD-214 <input type="checkbox"/> Certified <input type="checkbox"/> Honorable <input type="checkbox"/> Citizen <input type="checkbox"/> Current Resident			
Months in Korea:	Months in Vietnam:	Months in Persian Gulf:	Months in Peacetime:
<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Reason for Denial:		
Signature of ODVA Representative			Date Signed