

VIETNAM VETERANS OF AMERICA
South Central Wisconsin
Chapter 221

PERSONAL DATA

NAME: _____ AGE: _____

ADDRESS: _____ TELEPHONE: _____

QUALIFYING VETERANS NAME: _____

ADDRESS (IF DIFFERENT): _____

BRANCH OF SERVICE: _____ DATES OF SERVICE: _____

EDUCATIONAL DATA

HIGH SCHOOL(S) ATTENDED AND DATES:

1) _____ 2) _____

DURING THE COMING ACEDMIC YEAR, WILL YOU ATTEND:

_____ FULL TIME _____ PART TIME

WHAT IS YOUR INTENDED MAJOR OR YOUR PRESENT EDUCATION GOAL?

WHAT CAMPUS DO YOU PLAN TO ATTEND? _____

QUALIFYING VETERAN'S RELEASE

I, _____ served in the
_____ from _____ to _____
Branch DATE DATE

My Service # is _____ and my date of
Birth is _____. I hereby authorize the
Release of the above information for identification
purposes only.

Veteran's Signature

CHECK LIST

APPLICATION _____
PROOF OF SERVICE _____
SCHOOL TRANSCRIPT _____
LETTERS OF RECOMMENDATION _____

TO CVSO OR VSO
Please check date and OK.

VSO's Signature