



# DISABLED AMERICAN VETERANS AUXILIARY VOCATIONAL/TRAINING ASSISTANCE APPLICATION



## GENERAL INFORMATION:

Name of Applicant: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
(Area Code) Phone Number Email Address

## RELATIONSHIP TO DISABLED VETERAN:

- Self     Spouse     Child

## EDUCATIONAL FACILITY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, & Zip Code : \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Course Cost (required for preapproval decision): \$ \_\_\_\_\_

## PERSONAL DEVELOPMENT AND/OR CAREER ADVANCEMENT:

Explain your purpose for taking this course and how it will improve your personal development, workplace skills and/or career advancement opportunities. Attach a separate sheet, 500 words maximum.

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By signing this application:

- You affirm the accuracy of the information submitted and confirm that you are a disabled veteran, their spouse or child who intends to complete the course indicated.
- You will not otherwise receive any other free financial assistance such as scholarships, GI Bills, education grants, etc., for this course that when combined with this benefit would result in an overpayment of the original course cost.
- You understand that financial assistance grants are based on funding availability and at the discretion of the DAV Auxiliary Education Program Committee.
- The DAV Auxiliary is not responsible for state, local, federal taxes, or laws or regulations regarding benefits of this nature and are the sole responsibility of the recipient

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This application must be completed, signed and sent with required attachments to the National Disabled American Veterans Auxiliary Headquarters, 3725 Alexandria Pike, Cold Spring, KY 41076.