



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

VOCATIONAL/TRAINING 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.

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, 860 Dolwick Dr., Erlanger, KY 41018.