Government of
The United States Virgin Islands

OFFICE OF VETERANS AFFAIRS

St. Croix
Tel: (340) 773-6663
Fax: (340) 692-9563

St. Thomas
Tel: (340) 774-6100
Fax: (340) 714-0589

NAME OF VETERAN_____
(FIRST) (MI) (LAST)

SSN_____MAILING ADDRESS_____

DATE OF BIRTH_____PLACE OF BIRTH_____

PLACE OF INDUCTION_____DATE OF INDUCTION_____

RESIDENCE AT TIME OF INDUCTION_____

BRANCH OF SERVICE_____SERVICE NUMBER_____

DATE OF DISCHARGE_____TYPE OF DISCHARGE_____

TYPE OF CONTINUED EDUCATIONAL UNITS COURSE_____CERTIFIED/CERTIFICATE

SEMESTER_____SPRING_____SUMMER_____FALL_____

I HEREBY DECLARE THAT I AM APPLYING FOR TUITION FREE EDUCATION AT THE UNIVERSITY OF THE VIRGIN ISLANDS PURSUANT TO SECTION 471 OF CHAPTER 33, TITLE 17, VIRGIN ISLANDS CODE AS AMENDED BY BILL NO. 26-0119 ACT NO. 6783

YES, I AM / NO, I AM NOT; ELIGIBLE TO RECEIVE FEDERAL FUNDS FOR VETERANS TUITION ASSISTANCE.

I DECLARE UNDER PENALTY OF PURJURY, THAT THE INFORMATION RENDERED ABOVE IS TRUE AND CORRECT AND THAT I HAVE BEEN DISCHARGED FROM THE UNITED STATES ARMED FORCES UNDER OTHER THAN DISHONORABLE CONDITIONS.

I UNDERSTAND THAT I AM ENTITLED TO **200** CONTINUED EDUCATIONAL UNITS UNDER THIS PROGRAM AND I HAVE USED A TOTAL OF _____CONTINUED EDUCATIONAL UNITS AS OF TODAY.

I FURTHER UNDERSTAND THAT IF I HAVE MISREPESENTED THE NUMBER OF UNITS TAKEN THAT I AM LIABLE FOR REPAYMENT TO THE GOVERNMENT OF THE VIRGIN ISLANDS FOR UNITS OVER MY ENTITLEMENT.

_____ _____
DATE VETERANS SIGNATURE

I CERTIFY THAT THE ABOVE NAMED VETERAN SERVED IN THE ARMED FORCES OF THE UNITED STATES OF AMERICA AND WAS RELEASED UNDER CONDITIONS OTHER THAN DISHONORABLE.

I FURTHER CERTIFY THAT THE VETERAN MEETS THE REQUIREMENTS OF ACT NO.6783 AND IS THEREFORE ELIGILBLE FOR TUITION FREE EDUCATION AT THE UNIVERSITY OF THE VIRGIN ISLANDS.

SAMPLE FORM
DO NOT
PROCESS

_____ _____
DATE DIRECTOR, VETERANS AFFAIRS OR
DESIGNEE