Government of
The United States Virgin Islands

OFFICE OF VETERANS AFFAIRS

St. Croix
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NAME OF VETERAN.....
(FIRST) (MI) (LAST)

SSN.....MAILING ADDRESS.....

DATE OF BIRTH.....PLACE OF BIRTH.....AGE.....

PLACE OF INDUCTION.....DATE OF INDUCTION.....

RESIDENCE AT TIME OF INDUCTION.....

BRANCH OF SERVICE.....SERVICE NUMBER.....

DATE OF DISCHARGE.....TYPE OF DISCHARGE.....

TYPE OF COURSE.....TYPE OF DEGREE.....

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. 5450, ACT NO. 3248.

YES/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.

I UNDERSTAND THAN I AM ENTITLED TO 128 SEMESTER HOURS UNDER THIS PROGRAM, AND THAT I MAY BE ELIGIBLE FOR AN ADDITIONAL 36 HOURS FOR GRADUATE CLASSES.

I HAVE USED A TOTAL OF.....SEMESTER HOURS AS OF TODAY.

I FURTHER UNDERSTAND THAT IF I HAVE MISREPRESENTED THE NUMBER OF HOURS TAKEN THAT I AM LIABLE FOR REPAYMENT TO THE GOVERNMENT OF THE VIRGIN ISLANDS FOR HOURS 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. 3248 AND IS THEREFORE ELIGIBLE FOR TUITION FREE EDUCATION AT THE UNIVERSITY OF THE VIRGIN ISLANDS.

SAMPLE FORM
DO NOT
PROCESS

....
DATE DIRECTOR, VETERANS AFFAIRS OR DESIGNEE