

**ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS  
VETERANS EDUCATION AND TRAINING SECTION  
833 S. Spring Street, PO Box 19432, Springfield, IL 62794-9432  
Phone: 217-782-6641 Fax: 217-524-8394**

**APPLICATION FOR EDUCATIONAL OPPORTUNITIES GRANT  
FOR CHILDREN OF DECEASED OR DISABLED VETERANS--Part II  
(Completed by Principal or Registrar)**

**Please return this form (Part II) to the individual who provided it to the educational institution. The Payee must submit this form (Part II) with Part I to the Illinois Department of Veterans' Affairs.**

**◆ VERIFICATION OF ENROLLMENT OF CHILD**

First Name of Child \_\_\_\_\_ Last Name of Child \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade: \_\_\_\_\_

I hereby certify that the above-named child is registered to attend or enrolled in the school named below for the following school year:

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.  
Month Year Month Year

\_\_\_\_\_  
Signature of Principal or Registrar

\_\_\_\_\_  
Date

**◆ SCHOOL INFORMATION**

Name of School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_

**Official Completing Part II of this Application and Certifying Enrollment:**

First Name of Official \_\_\_\_\_ Last Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Special Note:**

**Please return this form (Part II) to the individual who provided it to the educational institution. The Payee must submit this form (Part II) with Part I to the Illinois Department of Veterans' Affairs.**

**IMPORTANT NOTICE**

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of ILCS Ch. 330, 105/1. Disclosure is REQUIRED; failure to provide this information will prevent the claim from being processed.