

A P P L I C A T I O N

Name of proposed recipient (Veteran who is to receive the award):

First	Middle	Last	
Name of person a	pplying for award (if not the s	ame as above):	
Relationship to red	cipient:		
Veteran or Applica	ant Address:	City	Zip
Phone: <u>(</u>)	Ema	l address:	
Is this diploma bei	ng awarded posthumously?		
🗆 Yes 🗆 No	If yes, indicate place and o	date of death:	
	•		, the Korean Conflict, or Vietnam

- Recipient served in the U.S. military during World War II, the Korean Conflict, or Vietnam and was honorably discharged?
 Yes I No
- Recipient was scheduled to graduate from high school in the years the war or conflict took place?
 Yes
 No

VERIFICATION OF HONORABLE DISCHARGE:

 Please provide verification of military service and Honorable Discharge. Discharge papers may be requested from the National Personnel Records Center by completing Standard Form 180. The form may be obtained from the Web at <u>www.nara.gov/regional/mpr.html</u> or by calling (314) 538-2050.

SIGNATURE:

I hereby attest that ______ (insert veteran's name) was honorably discharged from the armed forces of the United States, was scheduled to graduate from high school, and left high school before graduation to serve in World War II, the Korean Conflict, or Vietnam.

Signed:

(Veteran or Applicant)

Please provide the name of high school from which a diploma is requested:

Name of High School

City & State

Please return this form and the discharge papers to the high school from which a diploma is requested. You may apply to the high school the veteran would have graduated from, a high school in the veteran's local community, or to a high school in which the veteran has substantial ties. However, the law does not require high schools to participate in this program.

HIGH SCHOOL PRINCIPALS: Please check to determine if your district has adopted a policy regarding the awarding of these diplomas. A sample district policy and more information is available from on the Web at www.k12.wa.us._____.