



World War II Veterans State of Florida High School Diploma Application

Eligible dates of military service: September 16, 1940 - December 31, 1946

This application is used to establish the eligibility of honorably discharged WWII veterans for the receipt of a high school diploma from the State of Florida. The next of kin may apply for the diploma if the veteran is deceased. Please feel free to include any special comments about this veteran on a separate page or the back of this application.

*****VETERAN INFORMATION - PLEASE TYPE OR PRINT*****

| | | | |
|---|---|--|--|
| Veteran's First Name | Veteran's MI | Veteran's Last Name | Suffix (Sr., Jr., etc.) |
| Veteran's Social Security # | Veteran's Date of Birth Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> | | Home Phone of Veteran or Next of Kin () _____ - _____ |
| Veteran's Race | Veteran's Gender (circle one) MALE FEMALE | Do we have your permission to use the Veteran's name for program promotion? YES NO | Work Phone of Veteran or Next of Kin () _____ - _____ |
| If the Veteran is deceased, what is your name and relationship to the Veteran? (spouse, child, grandchild, sibling) | | Is the Veteran deceased? YES NO | |
| | | Current Mailing Address of Veteran or Next of Kin Making Application | |

*****VETERAN'S MILITARY SERVICE INFORMATION*****

Please attach a copy of the DD-214, if available.

| | | | |
|---|--|---|-----------------------|
| Branch of Service | Date of Enlistment/Draft Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> | Date of Honorable Discharge Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> | Service Number |
| | | | Highest Rank Achieved |
| Have you ever applied for VA Benefits? YES NO | | If yes, please provide your VA Claim Number. | |

*****HIGH SCHOOL INFORMATION*****

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| What year did you enroll in high school? 19_____ | What year did you leave high school to enter WWII? 19_____ | What year would you have graduated? Class of 19_____ |
| Name of High School Attended | County Where School Was Located | City and State of High School |

I certify that all the information provided on this application and the supporting documentation is true and correct to the best of my knowledge and is to be used for the sole purpose of applying for a State of Florida High School Diploma.

| | | |
|---|-----------------------------|------------|
| Signature of Veteran or Next of Kin _____ | Notary Public _____ | Date _____ |
| Date _____ | My Commission Expires _____ | |

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| FOR OFFICE USE ONLY: VA Approval _____ Date _____ DOE Approval _____ Date _____ Appl Rec'd _____ Dip. Iss. _____ Dip Mld. _____ | PLEASE MAIL TO: Florida Department of Education World War II High School Diploma Program 325 West Gaines Street, Room 744 Tallahassee, Florida 32399-0400 |
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