ILLINOIS VETERAN GRANT (IVG) PROGRAM APPLICATION

WARNING: Any person who knowingly makes a false statement or misrepresentation on this application shall be subject to prosecution to the fullest extent of the law.

Data may be verified with appropriate authorities of federal and state agencies.

Please print legibly in ink or type. Before completing this application, read both pages and gather all required documentation. Allow at least four weeks for processing of this application.		
Social Security Number	Last Name	First Name MI
Prior Last Name, if applicable	E-mail Address	Date of Birth
Permanent Address Area Code and Telephone Number		
	()
A DD214 Member 4 for each period of federal active duty service must accompany the completed application. Please note: A DD214 Member 1 or Worksheet is not equivalent to the DD214 Member 4. If the most recent DD214 Member 4 lists p rior federal active duty service, a DD214 Member 4 or equivalent must be submitted for each period of such service.		
Dates federal active duty service	From: / / To:	
	month/day/year	month/day/year
If you had breaks in your federal active duty service, you must list each period of federal active duty service. Do not include delayed entry program, National Guard, Reserve or any other time that was not federal active duty service.		
From: / / To:	/ / From: /	/ To: / /
month/day/year mont	th/day/year month/da	ay/year month/day/year

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ELIGIBILITY REQUIREMENTS