

CONNELLSVILLE AREA SCHOOL DISTRICT

Application For Diploma

World War II Veterans

(Please Print or Type)

Name: _____ Phone Number: _____

Street Address: _____

City/State/Zip Code: _____

Dates of High School Attendance: _____

Year Veteran Would Have Graduated: _____

Date Entered Military Service: _____

*Date Discharged From Military Service: _____

(*Please provide a copy of Honorable Discharge)

Branch of Service: _____

I verify that the above information is accurate.

Applicant Signature

Date of Application

IF APPLYING FOR A DECEASED VETERAN, COMPLETE THE FOLLOWING:

I am applying on behalf of the above named veteran, who is deceased. I verify that the above information is accurate.

Name Printed

Signature

Date of Application

Relationship to Veteran

Phone Number