



Korean Conflict Veterans State of Florida High School Diploma Application

Eligible dates of military service: June, 1949 – January, 1955

This application is used to establish the eligibility of honorably discharged Korean Conflict 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		Home Phone of Veteran or Next of Kin
	Month []	Day []	Year []
Veteran's Race (circle one) American Indian or Alaskan Asian or Pacific Islander Black White Other	Veteran's Gender (circle one) MALE FEMALE		Work Phone of Veteran or Next of Kin
	Do we have your permission to use the Veteran's name for program promotion? YES NO		Is the Veteran deceased? YES NO
If the Veteran is deceased, what is your name and relationship to the Veteran? (spouse, child, grandchild, sibling)		Current Mailing Address of Veteran or Next of Kin Making Application	

VETERAN'S MILITARY SERVICE INFORMATION

Please attach a copy of the DD-214.

Branch of Service	Date of Enlistment/Draft			Date of Honorable Discharge			Service Number
	Month []	Day []	Year []	Month []	Day []	Year []	Highest Rank Achieved
Have you ever applied for VA Benefits? YES NO				If yes, please provide your VA Claim Number.			

HIGH SCHOOL INFORMATION

What year did you enroll in high school? 19_____	What year did you leave high school to enter the Korean War? 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	

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