



**Grayson College Foundation Policies and Procedures**  
**BOOTS, BOOKS, AND BEYOND GAP FUNDING**  
**ASSISTANCE FOR VETERANS**

**Request Date:** \_\_\_\_\_ **Veteran Assisted By:** \_\_\_\_\_

Eligibility: Applications are accepted for up to two events per academic year (9/1-8/31)

Student veteran is waiting on approval/certification of educational benefits after the semester has begun

Student veteran is currently enrolled at Grayson College

Student veteran is in good academic standing and is making Satisfactory Academic Progress

Student veteran has a documented emergency need

**Student ID #:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
 (First) (Middle or Maiden) (Last)

**Military Service:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**# Residents in Home:** \_\_\_\_\_ **Monthly Household Income:** \_\_\_\_\_ **% Disability:** \_\_\_\_\_

**Other Income Sources:** \_\_\_\_\_  
 Post 911 GI Bill Work-study SSDI None  
 Montgomery GI Bill VA Disability Other

**Monthly Expenses:** \_\_\_\_\_

**Description of Need:**  Within one week  Within one month  Immediate with Deadline. Date: \_\_\_\_\_

**Name of Vendor (if payment is required):** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Vendor Phone #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Is bill required/attached?**  Yes  No  N/A

**How did you hear about GAP funding?** \_\_\_\_\_

**Veteran Signature:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

Office Documentation

Course of Action completed by Veteran Services Office on Behalf of Veteran: \_\_\_\_\_

Course of Action to be completed by Student Veteran: \_\_\_\_\_

**GAP FUNDING RECOMMENDED By Veteran Services Office Personnel:** Yes No Date: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

**GAP FUNDING APPROVED by Grayson College Foundation Personnel:** Yes No Date: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Payment Methodology- Purchase Order Required:  Yes  No Other: \_\_\_\_\_

If required, date copy submitted to Business/FA Office: \_\_\_\_\_

Payment Processed by Business/FA Office by: \_\_\_\_\_ Date: \_\_\_\_\_