

# On-Line Power

503 Zucksville Road  
Easton Pa 18045  
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E-Mail: INFO@OLPSVC.COM  
Web: WWW.OLPSVC.COM

## VETERAN REGISTRATION FORM

### Section A: Veteran Personal Information

Date	First Name	Last Name
Email Address		Daytime Phone Number
<input type="checkbox"/> By checking this box I am verifying that I am a veteran of the United States Armed Forces and I am willing to provide a copy of my DD214 to On-Line Power Service Inc.		
<input type="checkbox"/> By checking this box I am verifying that I understand filling this form does not guarantee compensation or award of grant money and that all is subject to approval by On-Line Power Service.		

**\*If you have filled this form out for another individual please write your name and phone number in the area below.**

First Name	Last Name	Daytime Phone Number
<input type="checkbox"/> By checking this box I am verifying that I have filled this above form out for SOMEONE ELSE and I have informed the person above that they have been enrolled in On-Line Power Service Inc. Student Veteran grant program.		

### Section B: College Information

Name of College				
Street Address		City	State	Postal Code
Main Phone Number		Projected year of Graduation		
		<input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> >2022 <input type="checkbox"/> Not yet in college		
<input type="checkbox"/> By checking this box I am verifying that I am enrolled in college and I am willing to provide verification to On-Line Power Service.				