



# OPERATION RECOGNITION VETERANS DIPLOMA APPLICATION



This application is used to verify the eligibility of a veteran to receive an honorary high school diploma from the Chicago Public Schools. To be eligible, an honorably discharged veteran must have: (1) resided within the City of Chicago at the time they left high school (2) left high school before graduating to serve in the armed forces, (3) served in the United States armed forces during World War II, the Korean Conflict, or during the Vietnam Conflict, and (4) not received a high school diploma. Diplomas may be posthumously awarded upon application by next of kin.

The completed application and honorable discharge documentation should be mailed to:

**Mary Lu McGreal**  
**Chicago Public Schools**  
**Operation Recognition**  
**125 South Clark Street, 9th Floor**  
**Chicago, Illinois 60603**  
**(773.553.2018)**

APPLICANT'S NAME AND PERSONAL INFORMATION: (Type or print legibly)					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:		Last Name:		
Mailing Address:			City	State	ZIP Code
Daytime Phone:	( )	Email address:			
Relationship to Veteran:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Child <input type="checkbox"/> Grandchild				Posthumous <input type="checkbox"/> Yes Diploma Request <input type="checkbox"/> No
	<input type="checkbox"/> Other _____				

VETERAN'S MILITARY SERVICE INFORMATION:					
First Name:		Middle Initial:		Last Name:	
Date of Birth:	(Month, Day, Year)	Branch of Service:			
Date(s) Entered:	(Month, Day, Year)	Date(s) Separated:	(Month, Day, Year)		
Veteran of:	<input type="checkbox"/> World War II		<input type="checkbox"/> Korean Conflict		<input type="checkbox"/> Vietnam Conflict

VETERAN'S HIGH SCHOOL INFORMATION:					
High School Name:				Years Attended:	
Name on Diploma	First Name/ Middle Initial:		Last Name:		
I certify that I (or my _____) meet(s) all veteran diploma eligibility requirements. I also certify that the information provided on this application and the supporting documentation is true and correct to the best of my knowledge.					
<b>(NOTE: Completed application and supporting documentation should be mailed to Mary Lu McGreal - see address above)</b>					
Signature:				Date:	
<input type="checkbox"/> Check here if you would like to receive information on graduation ceremonies for veterans.					
<input type="checkbox"/> Check here if you would like to receive information on volunteer opportunities with the Chicago Public Schools.					