



VETERANS EDUCATION BENEFITS APPLICATION FORM

(Submit via email, fax or regular mail using contact info at bottom of form.)

Certification Period: Year _____ Term _____

STUDENT INFORMATION

Name: (Last, First & M.I.) _____

Student ID# _____ Social Security # (SSN): _____ - _____ - _____

Address: _____

Cell Phone: _____ Phone, Other (if applicable): _____

UVF email: _____@mail.valleyforge.edu

Degree/Major: _____ Level: Undergraduate ___ Graduate ___

Are you a Guest Student (pursuing a degree at another institution)? Yes ___ No ___ If "yes", provide primary institution's Name: _____ & State: _____

COURSES TO BE CERTIFIED

(Only list courses that count towards your degree requirements!)

	Course Code	Title	Credit(s)	Online?
1.	_____	_____	_____	Yes ___ No ___
2.	_____	_____	_____	Yes ___ No ___
3.	_____	_____	_____	Yes ___ No ___
4.	_____	_____	_____	Yes ___ No ___
5.	_____	_____	_____	Yes ___ No ___
6.	_____	_____	_____	Yes ___ No ___

Total Credits: _____

VA BENEFITS STATUS

Chapter (see list below) _____ Chapter 33 only: Yellow Ribbon eligible? Yes ___ No ___

VA File #: _____

(For most Veterans, the VA file number is the Veteran's SSN.)

Chapter List:

Chapter 30: Montgomery GI Bill Active Duty (VA File=SSN)

Chapter 31: Vocational Rehabilitation (VA File=SSN)

Chapter 32: Veterans Educational Assistance Program

Chapter 33: Post 9/11 GI Bill (VA File=SSN)

Chapter 35: Survivors and Dependents Educational Assistance (VA File=9 numbers, no letters)

Chapter 1606: Montgomery GI Bill Selected Reserve (VA File=SSN)

Chapter 1607: Reserve Educational Assistance Program (VA File=SSN)

VA BENEFIT FORMS TO SUBMIT

If you have not done so already, please submit* the following forms:

- DD Form 214
- Certificate of Eligibility
- Joint Service Transcript (JST) (Does not apply to Chapter 35)
- Official high school and college transcripts

*Prospective, admitted and new students should submit forms to their admissions counselor. Current/returning students should submit forms via email, fax or regular mail (using contact information at bottom of this form).

Additional Comments (if applicable): _____

STUDENT RESPONSIBILITIES

By signing below I acknowledge that I am responsible for the following requirements:

1. Submitting this Veterans Education Benefits Application form each semester for my courses to be certified for VA education benefits.
2. Promptly reporting any changes in my contact information (including address and phone number) and enrollment status (including degree program and hours of enrollment) to the UVF's Office of the Registrar and SCO.

I further acknowledge that any payment resulting from inaccurate or false information on this form, or failure to notify the UVF SCO and Office of the UVF Registrar of any status changes, may result in over or under payment and a delay in my benefits by the Department of Veterans Affairs.

I certify that all information on this form, including the courses to be certified, is correct, and that I have read and agree to all contained in the **STUDENT RESPONSIBILITIES** above.

Student Signature **Date**