

Student Request for Veteran Education Benefits

Note: This form should be filled out AFTER receiving a Certificate of Eligibility (COE) from the VA. Please also submit a copy of your COE when submitting this form.

Name _____ SSN ***-**-____ VA File # _____
 Address _____ City _____ State ____ Zip _____
 Phone _____ Birthdate _____
 Email _____

Program: Undergraduate Online Graduate Studies

Intended Major: _____

First time using VA benefits? Yes No Previous School (if no): _____

Select the type of Veteran Educational Benefit you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> Chapter 30 (G.I. Bill/Active Duty) | <input type="checkbox"/> Chapter 1606 (G.I. Bill Reserve/Nat'l Guard) |
| <input type="checkbox"/> Chapter 31 (Voc Rehab) | <input type="checkbox"/> Chapter 1607 (G.I. Bill Reserve/Nat'l Guard- Active Duty) |
| <input type="checkbox"/> Chapter 33 (Post 9/11 GI Bill) | <input type="checkbox"/> McChord Air Force |
| Percentage of Benefit: _____ | |
| <input type="checkbox"/> Chapter 35 (Vet's Survivors/Dependents) | <input type="checkbox"/> Other: _____ |

Specify your planned enrollment status (circle one):

FULL TIME: 12+ Credits Undergrad, 6+ Grad **HALF TIME OR LESS:** 11 or less credits Undergrad, 3 credits Grad

SEMESTER(S) ATTENDING (Circle all that apply): Fall Spring Summer

*You will be certified for each semester indicated above. Please let the SCO's know if you do not wish to be certified at the time this form is submitted.

The signature below authorizes the Corban University Certifying Official(s) to release information regarding benefits and enrollment to the Department of Veteran's Affairs and other offices involved with processing and monitoring benefits. I understand that any assistance indicated above may result in a reduction of my financial aid award. **All institutional Corban grants and scholarships will be reported to the VA and may reduce the amount of VA benefits received.** I further understand that it is my responsibility to provide grade reports to VA officials if required. By signing this document, I certify that all the information reported to qualify for VA Benefits is true and accurate. I understand that if this document is incomplete or not returned in a timely manner, my benefits may be delayed.

Printed Name

Student Signature

Date