Veterans Benefits Certification Request Form

This form must be filled out and submitted before enrollment can be certified and at the beginning of each academic year thereafter.

1. Your Name
   Last     First     Middle

2. Social Security #

3. Address
   Street
   City   State  Zip

4. VA Claim#

5. Veteran’s Name
   (If different than student’s name above)

6. Degree Program

7. Branch of Service

8. Daytime Phone

9. Are you currently Active Duty?    ☐ YES    ☐ NO

10. Are you currently in debt with VA?  ☐ YES  ☐ NO

11. Type of benefits you are using or applying for:
   ☐ GI Bill Active Duty (Chapter 30)    ☐ GI Bill Selected Reserve (Chapter 1606)
   ☐ GI Bill Post 9/11 (Chapter 33)    ☐ GI Bill Selected Reserve (Chapter 1607)
   ☐ Widows/Survivors/Dependents (Chapter 35)    ☐ Other   _______________

I am requesting VA Educational Benefits for the degree program listed above in the current academic year. I understand that it is my responsibility to notify a Walsh College VA Certifying Official of any change in my enrollment as explained in the Veterans Benefits Packet. I understand that I must fill this form out, in its entirety, each academic year and it must be turned in before my enrollment for that semester or year can be certified. I have read and understand both the “Important Information” and “Veterans Benefit Acknowledgement” forms. I am also aware that if I wish to have my enrollment certified before the withdrawal period begins, I must provide the Certifying Official with written notification of this request.

By signing this form, I acknowledge that I have read and understand the above statements and that all information provided is correct and true to the best of my knowledge.

_________________________  ________________________
Signature                  Date