Benefit Request Form
for GI Bill® Educational Benefits

1. Your Name ________________________________________________
   Last                      First                      Middle

   If you are not the veteran, please provide the following information:
   Veteran’s Name: ___________________________ Veteran’s VA Claim #: ___________________________

2. Degree Program ____________________________________________
   If your degree program changes, notify SCO.

3. Branch of Service __________________________________________

4. Rank ______________________________________________________

5. Daytime Phone ______________________________________________
   ☐ Home   ☐ Cell   ☐ Work

6. Type of GI Bill® benefits you will be using at Walsh:
   ☐ Active Duty (Chapter 30)
   ☐ Post 9/11 (Chapter 33)
   ☐ Post 9/11 – Transfer of Benefits (Chapter 33)
   ☐ Widows/Survivors/Dependents (Chapter 35)
   ☐ GI Bill Selected Reserve (Chapter 1606)
   ☐ GI Bill REAP (Chapter 1607)
   ☐ Vocational Rehabilitation (Chapter 31)

   Case Manager Name/Email: __________________________

7. Will you be receiving any funding (other than GI Bill®) to pay for tuition and fees? ☐ YES ☐ NO

   If so, where will the money come from? __________________________
   Post 9/11(33) & Voc Rehab (31) only: Money not considered Title IV Federal funding will be reduced from tuition/fees VA pays.

8. Check all that apply: ☐ Veteran ☐ Dependent

9. Are you currently Active Duty? ☐ YES* ☐ NO *If YES, when will this status terminate: __________________________

10. Are you in the Reserves? ☐ YES ☐ NO

11. Are you in the National Guard? ☐ YES ☐ NO

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

IMPORTANT NOTES:
☐ Submit the Benefit Request Form each new academic year in order to be certified for terms within that academic year.
☐ Submit VA eligibility documents (COE, NOBE, 1905) to Walsh Certifying Official. (1905 must be received prior to certification.)
☐ Submit written notice to have enrolled courses certified to VA prior to the first day of withdrawal each term.
☐ Notify a Walsh Certifying Official of any enrollment changes as noted in the packet materials or on the website.

I am requesting certification for VA Educational Benefits for the current academic year (fall term through the end of the subsequent summer term). I have read and understand the information in the GI Bill Packet and in the above statements. I certify all information provided is correct and true to the best of my knowledge.

_________________________________________   ____________________________
Signature                          Date

Walsh College Certifying Officials: Patty Demasek, Lauren Mileto, Kara Fields, and Linda Hirt
Phone: (248) 823.1660   Fax: (248) 823.1662   veterans@walshcollege.edu