

## **Student Information Sheet**

All information requested below is needed to process your benefits.

Failure to complete this form in its entirety may result in processing delays.

Please TYPE and return the completed form to the VMA Office along with other paperwork.

Full Name:		Student ID #:	
Phone #:		Crimson Email:	
Mailing Address: (Street, City, State, Zip Code)		Student SSN #:	
Please check your applicable category:	□ Veteran     □ Reserve/G       □ Dependent     □ Spouse	Major:	
Are you transferring from another school where you used VA Education Benefits?	Yes No  If yes, please answer the transferring question listed at the bottom of the p	Is a minor required for your degree? If yes, please list minor(s):	
Which VA Education Prog	ram are you using? (Please chec	the box to the left of the	appropriate program.)
CH 30 Montgomery GI Bill™		<b>CH 1606</b> Montgomery GI Bill™ – Select Reserve	
CH 31 Vocational Rehab & Employment		CH 35 Dependents' Educational Assistance	
CH 33 Post 9/11 GI Bill™ (Service Member)		FRY Scholarship	
<b>CH 33</b> Post 9/11 GI Bill™ (Transfer of Entitlement)			
•	tilizing CH 31 Voc Rehab, please e VA Hospital? Yes No	answer the following ques	stions:
Name of VR&E Couns	·		
Email of VR&E Counse	elor:		
	tilizing CH 35 DEA, please answ	r <b>the following questions:</b> Payee#:	
Please contact the VA, 1(88	8)442-4551, if you are unsure of this inform	tion.	
	ansferring from another school,	lease answer the followir	ng questions:
Have you previously u	sed VA Education Benefits?		
☐Yes ☐No			
Are you going to take RO	TC classes and become a militar	officer? ☐Yes ☐No	