

VETERANS' BENEFITS **Request Form**

Student Name: _____

Current Military Status:

| | | |
|-------------------------|-----------------------------|---------------------------|
| Veteran | Active Duty | Dependent |
| PA Guard Veteran | PA Guard Active-Duty | PA Guard Dependent |

Select the Assistance Program you intend to use:

Chapter 30 - Montgomery GI Bill
Chapter 31 - Veteran Readiness and Employment
Chapter 32 - Veterans Educational Assistance Program
Chapter 33 - Post 9/11 GI Bill
Chapter 35 - Dependent's Educational Assistance
Chapter 1606 - Montgomery GI Bill - Selected Reserve

Will you be receiving any Tuition Assistance (TA) from DoD? **Yes** **No**

Semester: **Summer** **Winter** **Fall** **Spring** **Year:** _____

By signing this form, you agree to and understand the following:

- I understand it is my responsibility to notify the School Certifying Official of any changes in the information contained in this Request for Benefits.
- I understand I must complete a Request for Benefits Form every semester.
- I understand I must contact my Academic Advisor to ensure classes apply to my degree plan (non-applicable classes may result in debt owed to Elizabethtown College or the VA for funds allocated for these classes).
- I understand I must report any classes dropped or added immediately to the School Certifying Official.
- I understand that payment of tuition is my responsibility, I will not be allowed to register for or attend any further semesters until all of my financial obligations to the college are met.
- I understand I must certify my enrollment each month to maintain my benefits. Failure to certify enrollment may lead to a pause in benefits until completed.

Signature: _____

Date: _____