VETERANS' BENEFITS Request Form

ETOWN
ELIZABETHTOWN COLLEGE

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:** _____

4683-0226

OFFICE OF FINANCIAL AID
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