



Veteran Information Sheet

Name (First) (MI) (Last) WIN

Address Street Address Home Phone
City State Zip Cell Phone

Personal Email WIT Email

SSN (needed for certifying benefits)

Program Current term enrolled in (semester and year)

Number of credit hours enrolled for current term Expected graduation term (semester and year)

Best way to contact me is via Home Phone Cell Phone Personal Email WIT Email

My first time attending Washburn Tech Yes No

Please list past program, year attended, and if benefits were used:

I plan on using my benefits for each term I attend at Washburn Tech Yes No

I have used my benefits at another school or for another program at Washburn Tech. Yes No

If Yes, I have completed and submitted a Request for Change of Program or Place of Training Form Yes No

**This form must be completed prior to benefits being certified. **

Benefits: (check one) VA Education Benefits are only paid for courses required for your degree.

- Ch 30 Montgomery GI Bill Ch 31 Vocational Rehabilitation Ch 35 Spouse/Dependent
Ch 1606 National Guard/Reserve Ch 1607 Active Duty Guard/Reserve Ch 33 Post- 9/11 GI Bill
Transfer of Entitlement

I anticipate Tuition Assistance (TA) for the semester beyond Veteran Benefits Yes No

If Yes, please list anticipated Tuition Assistance:

Conditions and Responsibilities: Eligible recipients of educational assistance must certify their enrollment each semester. The VA expects veterans to pursue an educational objective, regularly attend classes, and make satisfactory progress.

Initial each line:

If my program or course hours change in any way, I will notify my Certifying Official as soon as possible.

I have read and understand the conditions and responsibilities under which I am to receive benefits.

I have submitted an up-to-date Statement of Benefits or Certificate of Eligibility to the Financial Aid office.

Student Signature

Date

FOR OFFICE USE ONLY

Program in Banner _____

Term to certify _____ **Credit hours for this term** _____

Statement of Benefits _____ **Certificate of Eligibility** _____

Tuition and fees _____

Facility Code in VA-ONCE _____

Date enrollment certification submitted in VA-Once: _____

Date scanned to WU Business Office: _____