



JOHNSON C. SMITH UNIVERSITY

VETERANS REQUEST FOR BENEFITS FORM

Full Name: _____ Social Security Number: _____

Address: _____ VA File Number: _____

City _____ State _____ Zip _____ Home Phone Number _____ Work Phone Number _____

Email _____ University ID: _____

PLEASE ATTACH CERTIFICATE OF ELIGIBILITY FROM THE VA WITH THIS FORM.

I am requesting Veteran Benefits under the following Eligibility Chapter (CHECK ONLY ONE).

<u>CH30</u>	<u>CH31</u>	<u>CH1607</u>	<u>CH1606</u>	<u>CH35</u>	<u>CH33</u>
(Prior Service)	(Vocational Rehabilitation)	(Reserve Educational Assistance Program)	(Active Reservist/Guard)	(Dependent)	(Post 911 GI BILL ®)

Please complete the following:

Degree Program at JCSU: _____

Have you used your benefits before? YES/NO

If Yes, Where? _____

Transfer School**: _____

***You have one semester to have your Official Transcripts sent to JCSU. Benefit payment may be withheld until credit is reported to the VA. ***

Please read carefully and sign the following statement:

Department of Veteran Affairs regulations require that all persons using any type of Veteran Educational Assistance Program must make satisfactory academic progress toward achievement of their education objective (Program of Study). A student that does not meet the minimum standards will be suspended from using their Veteran's Benefits until progress can be shown (please see the JCSU Catalog for details regarding academic progress). I certify that all schools/institutions previously attended have been listed and that I will request Official Transcripts to be sent to the Office of the Registrar JCSU immediately. I understand that failure to provide these transcripts can interrupt my educational benefits. I further understand that it is my responsibility to inform the JCSU Office of the Registrar Veteran Certifying Official if I make any changes to my schedule or program and that any failure to notify the office of such changes can result in an overpayment of benefits which I will be obligated to return to the Department of Veteran Affairs.

Student's Signature

Date