

Request for VA Benefit Certification

Name _____ Program _____

Term to Begin Certification _____

*GI Bill® is a registered trademark of the
U.S. Department of Veterans Affairs*

Are you currently active duty in the military? Yes No

Which benefit do you plan to utilize?

Chapter 30 – Montgomery GI Bill®

Are you approved for TA and want to use “Top-up”? Yes No

Chapter 31 – Veteran Readiness and Employment (VR&E)

Please provide VR&E Counselor Email:

Chapter 32 – Veterans’ Educational Assistance Program (VEAP)

Chapter 33 – Post 9/11 GI Bill®

Eligibility Percentage:

Chapter 35 – Dependents’ Educational Assistance

The sponsor’s VA file number is required.

Please call or send an encrypted email to an ATSU SCO with this number.

Chapter 1606 – Montgomery GI Bill® – Selected Reserve

Have you used your benefit within the last VA academic year (Aug 1-July 31)? Yes No

If yes, submit **form 1995**: Request for Change of Program or Place of Training to the VA.

If you are transferring your benefit to CGHS, KCOM, or MOSDOH, use the Missouri campus address.

If you are transferring your benefit to ASDOH, ASHS, or SOMA, use the Arizona campus address.

By signing below, I verify that I have read and agree to the following:

- I must notify my School Certifying Official immediately if my class schedule changes due to courses being canceled, dropped, or added. Failure to do so may result in a debt to the VA or University for which I will be responsible for.
- I must submit all college and military transcripts from every institution that I have previously attended, if they were not previously submitted during the Admissions process. If submitting additional transcripts directly to the SCO, you may provide unofficial copies.
- If utilizing the Post 9/11 GI Bill (Chapter 33) benefit, it may not cover the entire tuition/fee balance. We can help you construct a schedule of payments to illustrate how your benefit will cover your tuition and fees during your enrollment. Please contact a School Certifying Official if you would like more information.

Signature _____

Date _____

School Certifying Official

Jill Graves, MA

Director-Enrollment Services

jillgraves@atsu.edu

660.626.2196