

SHORTER UNIVERSITY OFFICE OF STUDENT FINANCIAL AID VETERAN'S ENROLLMENT DATA SHEET

Completed forms and documentation are to be submitted to the Office of Student Financial Aid, 315 Shorter Avenue, Rome, GA or bring the completed information to the VA Certifying Officer in the Office of Student Financial Aid for the program that you will be attending. Please be sure to indicate below if you are enrolling in the Traditional or CAPP Program.

DOCUMENTATION: To assure proper benefits are received in a timely manner, please submit your Certificate of Eligibility with this form. Failure to provide this information may delay the processing of your VA Educational Benefit. If you do not have this document, please contact the Office of Veterans Affairs at 1-800-442-4551

Student's Name _____ SS# _____

Enrolling in _____ Traditional Program _____ CAPP Program

Please check the appropriate box

_____ Undergraduate Student _____ Graduate Student

Chapter that I am requesting to receive benefits under:

_____ **POST 9/11(CH 33)** Active duty after September 11, 2001

_____ **VEAP (CH 32)** Service in Vietnam

_____ **VOC REHAB (CH 31)** Service connected disability

_____ **MGI (Select Reserves CH 1606)** Completed IET

_____ **REAP (CH 1607)** Activated for at least 90 days after 9/11

_____ **SURVIVORS AND DEPENDENTS (CH 35)** Dependents and spouses of deceased or 100% disabled Veterans

If you are to receive benefits under Chapter 35, complete below the veteran's

SS# _____ or Claim/Service Number _____

Have you received VA benefits at another institution? _____ Yes _____ No

If yes, what is the name of the institution and when were you last enrolled?

If Yes, have you completed form 22-1995 or 22-5495? If No, have you completed form 22-1990 or 22-5490?

I understand that I am responsible for confirming that all payments due the University are paid. I am also responsible to reimburse the VA for any overpayment made by the VA.

Student Signature _____ Shorter University Student ID _____