



Veteran Information Sheet

Veteran's Name _____ SS# _____

Branch of Military Service _____ Dates of Military Service _____

Student's Name _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

ID Number _____ Date of Birth _____

Email _____ Check if you are on active duty _____

Check if you will use Tuition Assistance _____

Education VA Benefits apply for (Please Check One):

Ch. 30- MGIB Active

Ch. 33-Post-9/11 GI Bill®

Ch. 1606-MGIB Reserves

Ch. 31-Vocational Rehab.

Ch. 35-Dependent/Survivor

Ch. 1607-REAP Active Reserves

If you are eligible for Ch. 33-Post-9/11 GI Bill®, please list the % of eligibility. _____

Check if you received VA benefits previously _____ If so, at which college? _____

Please list all colleges attended: _____

College credits earned to date _____ List degree(s) earned _____

First term of enrollment at RWU or NES will be: 20 _____ Summer Fall Spring

Anticipated Program of Study at RWU or NES _____

It is the responsibility of each student to notify this office of any change in your schedule or school attendance. If you do not maintain a satisfactory level of academic progress toward a college degree, your VA eligibility could be lost. I hereby certify that the facts stated above are true and correct to the best of my knowledge and I understand my responsibilities as a VA student.

Signature _____ Date _____