



VETERANS BENEFITS ENROLLMENT FORM

Revised Edition 6/26/18 JD

Office of Veterans Affairs
1570 Baltimore Pike
Lincoln University, PA 19352
Phone: 484-365-7950 Fax: 484-365-7971

Last Name: _____ First Name: _____ MI: _____

VA File (Chapter 31&35 only): _____ Social Security No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____

When will you be using VA education benefits?

Year: _____ Select one: Fall Spring Summer Estimated credits _____

What level of degree will you be working towards? Bachelors Masters Not Degree Seeking

Academic Program/Major: _____

Has this changed from last time you used benefits? _____ If yes, you must notify the VA (form 22-1995)

Please select the type of VA Educational Benefit you are receiving (below):

Chapter 30 Montgomery GI Bill	Chapter 31 Vocational Rehab	Chapter 33 Post 9/11	Chapter 35 Dependents	Chapter 1606 Reservist GI Bill	Chapter 1607 Reservist GI Bill
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1. **Have you applied for your benefits with the VA through VONAPP or by mail?** Yes No

If yes, when? _____

2. **Have you provided your Certificate of Eligibility to our office yet?** Yes No

If yes, when? _____

3. **Have you used VA Education benefits at another school?** Yes No

a. **If yes, you must notify the VA (form 22-1995)**

4. **Are you active duty?** Yes No

a. **If yes, are you receiving Federal Tuition Assistance?** Yes No

5. **Do you plan to graduate this semester?** Yes No

Signature Required for Certification

By signing this form I understand and acknowledge the requirements of receiving VA Education Benefits

- I understand I need to apply to the VA and provide a Cert. Of Eligibility to the Office of Veterans Affairs
- I understand that I must notify the Office of Veterans Affairs of any adjustments to my schedule within 48 hours.
- I understand that I must submit this form every semester I wish to use VA education benefits.
- I understand that I must take courses that fulfill my degree requirements and if I change my program, I must notify the VA (form 22-1995) and provide a copy of the notice to the Office of Veterans Affairs.

Signature: _____

Date: _____