

NORTHWEST UNIVERSITY VETERAN ADMINISTRATION EDUCATIONAL BENEFITS DATA FORM

NAME _____ SSN _____
Last First Middle

VA FILE # (if different than SSN) _____ DATE OF BIRTH ____/____/____ (mm/dd/yy)

DAY PHONE # (_____) _____ EVENING PHONE # (_____) _____

DATE OF ENTRY INTO SERVICE ____/____/____ DATE OF DISCHARGE ____/____/____ BRANCH _____

BENEFIT Montgomery (Ch 30) – Presently on Active Duty? No Yes Voc/Rehab (Ch 31)
 VEAP (Ch 32) Dependent/Spouse (Ch 35) Guard/Reserve (Ch 1606)

It will be your responsibility to keep the Veterans Office informed of both a local address and phone number as well as the address for VA checks. Failure to do so could result in a check being sent back to the VA!

LOCAL ADDRESS

MAILING ADDRESS FOR VA CHECKS

I will attend:	<input type="checkbox"/> Fall 20_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	LEAP? <input type="checkbox"/> No	
	<input type="checkbox"/> Spring 20_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes - Group _____	
	<input type="checkbox"/> Summer 20_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Concentration _____	

Academic Program / Major _____ Is this a change? No Yes

Are you married? No Yes — Spouse's name _____ Number of dependent children _____

Have you ever before received VA benefits? No Yes — When? _____ Major? _____

College/University (name, city, state) _____

Are you on active duty at this time? No Yes — When do you complete your tour of duty? _____

Are you also attending another school? No Yes — Number of credits _____ School _____

➔ **If Yes, do you wish Continuous Pay?** No Yes — For Continuous Pay all chapters must be at least half-time current term and plan on enrolling at least half-time at Northwest College.

Advance Pay — eligibility criteria for all chapters (request must be submitted 30 days (45-60 days recommended) prior to term; minimum half-time enrollment; did not attend prior term)

➔ **If you qualify, do you wish Advance Pay?** No Yes — Please read and initial the following statement: "I am aware that if I receive Advance Pay I will receive a check at the beginning of the semester and will not receive another check for approximately three months. I also understand that I must have registered before I may receive my advance pay check." _____ (initials)

✓ **I declare the information in this application to be accurate and wish to apply for VA benefits at NC. I understand that benefits will not be awarded beyond six months unless official transcripts have been received by NC. I also understand that it is my responsibility to inform the VA Coordinator of any change in academic pursuit or attendance:**

Signature _____ Date _____

INTERNAL USE Program _____ Prior Credits earned _____ Date Reported _____
 Prior Schools: _____