

VA EDUCATION BENEFIT ENROLLMENT CERTIFICATION

Student's Social Security #: _____

Have you previously received benefits at McKendree? Yes _____ No _____

CONTACT INFORMATION (please print):

Last Name _____, First Name _____, MI _____

Mailing Address _____

City _____, State _____ Zip Code _____

Phone _____ E-mail _____

MAJOR: _____ First term at McKendree you want certified _____

PLEASE CHECK YOUR VA BENEFIT CATEGORY:

_____ **Chapter 33**--Post 9/11 GI Bill-Active Duty

_____ **Chapter 33**--Post 9/11 GI Bill

_____ **Chapter 30**--Montgomery GI Bill - Active Duty

_____ **Chapter 1606**--Montgomery GI Bill - Selected Reserve

_____ **Chapter 35**--Dependents' Educational Assistance Program--Veteran's Social Security #: _____

_____ **Chapter 32**--Veterans Educational Assistance Program

_____ **Chapter 31**--Vocational Rehabilitation

***Once you have received your Certificate of Eligibility from the VA, you must provide the Office of Financial Aid with a copy for enrollment certification of subsequent semesters to continue.**

YOU MUST NOTIFY THE OFFICE OF FINANCIAL AID OF:

- Changes in your schedule-including registering for the semester, adding a class, or dropping a class.
- Changes in your program or major
- Withdrawal, dismissal, activation
- Graduation

AGREEMENT AND SIGNATURE:

By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. You have the legal responsibility to notify the McKendree University Office of Financial Aid of any changes in status or enrollment. Failure to notify this office of any status change may result in over/under payment and/or delay in receiving your Department of Veteran Affairs Educational Benefits.

Name (Please print) _____

Signature _____ Date _____