

VA Education Benefits Information

NAME: _____

SSN: _____

VA File # (for Chapter 35 only - need veteran's VA file number): _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

VA Program of Eligibility:

- Chapter 33 (Post 9/11 GI Bill)
100% Eligible*? Yes No
- Chapter 30 (Montgomery GI Bill-Active Duty after July 1, 1985)
 Chapter 1606 (Montgomery GI Bill-Selected Reserves and National Guard)
 Chapter 1607 (REAP – Service in Iraq or Afghanistan)
 Chapter 35 (Dependents and Survivors Educational Assistance)
 Chapter 31 (Vocational Rehabilitation)
 Chapter 32 (VEAP – Veteran's Educational Assistance Program)
 Other _____

Whose Benefits Using:

- Own benefits
 Parent's benefits
 Spouse's benefits

*NOTE: Nebraska Wesleyan participates in the Yellow Ribbon Program (for students at 100% eligibility) for up to 50 undergraduate students.

Have you received VA education benefits at another college or university? Yes No

If yes, where? _____

Are/will you be on Active Duty when enrolled at NWU? Yes No

If haven't yet applied for eligibility, please do so immediately at: <https://www.ebenefits.va.gov/ebenefits>. Form 22-1995 (or 22-5495 if Chapter 35) is required if transferring from another institution where benefits were used. Direct eligibility and application questions to the VA at: 888-442-4551 or www.gibill.va.gov.

By signing I request enrollment certification for use of Veteran's Education Benefits at Nebraska Wesleyan University, and give NWU permission to provide enrollment, schedule, grades, and other needed information to the appropriate VA and/or state or federal agencies as required. I acknowledge it is my responsibility to apply for eligibility with the VA and be aware of my eligibility and benefits. Once this form and the COE (or Statement of Benefits) are received by NWU, I understand Nebraska Wesleyan's certifying official will submit enrollment information to the VA for the upcoming and subsequent terms, and it is my responsibility to verify eligibility with the VA and to follow requirements set forth by the VA.

Signature of Student_____
Date

Submit this form along with copy of Certificate of Eligibility (COE) or Statement of Benefits to:

Registrar's Office

Nebraska Wesleyan University

5000 St Paul Ave Lincoln, NE 68504

FAX: 402-465-2565 EMAIL: registrar@nebrwesleyan.edu

FOR REGISTRAR'S OFFICE USE ONLY:

MINF: _____ spreadsheet: _____

VA-ONCE: _____