

VA Information Sheet



Name: _____ **Date of Birth:** _____
Last First Mi

Address: _____ **S.S. #** _____

_____ **VA File #** _____
(Chapter 35 only)

Home phone # : _____ **Local phone # :** _____

E-mail : _____ **Major:** _____

Expected Date of Graduation : _____

Have you attended DSU before? YES () NO () Last term & year attended: _____

Have you attended another institution since our last term at DSU, or are you a transfer student from another institution? YES () NO ()

Name of institution(s): _____

Did you receive VA benefits at the previous institution? YES () NO ()

CHECK ONE:

- | | |
|--|--|
| <input type="checkbox"/> A. Montgomery GI Bill (Chapter 30) | <input type="checkbox"/> E. REAP (Chapter 1607) |
| <input type="checkbox"/> B. VEAP (Chapter 32) | <input type="checkbox"/> F. Vocational Rehabilitation (Chapter 31) |
| <input type="checkbox"/> C. Dependent (Chapter 35) | <input type="checkbox"/> G. Old GI Bill (Chapter 34/30) |
| <input type="checkbox"/> D. Montgomery GI Bill-Selected Reserve
(Chapter 1606) Reserves or National Guard | <input type="checkbox"/> H. Currently on Active Duty |

Please indicate the terms you wish to receive benefits and the hours you expect to take for each semester / term. (Note: Benefits are only paid for courses required by your degree)

Fall 20____, hours enrolled____ **Spring 20**____, hours enrolled ____
Summer 20____, **1st Term**, hours enrolled____ **2nd Term Summer**, hours enrolled ____

STUDENT SIGNATURE: _____ **DATE** _____

Please return to: agreen@deltastate.edu Phone 662-846-4042 Fax 662-846-4016
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