

# CERTIFICATION REQUEST: VA EDUCATIONAL BENEFITS

SUMMER 2006

Office of Veterans Programs  
The Pennsylvania State University  
325 Boucke Building  
University Park, PA 16802-5901

<http://www.equity.psu.edu/veterans/>  
Office:(814) 863-0465  
FAX: (814) 865-3815

NAME: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LOCAL PHONE: \_\_\_\_\_

MAILING ADDRESS (for letters, forms and checks from the VA): \_\_\_\_\_

LOCAL ADDRESS (While Enrolled): \_\_\_\_\_

**NOTE: If you are planning to move, please notify our office immediately -- Especially if the address change will affect receipt of your VA Educational Benefits.**

COLLEGE or MAJOR (Engineering, Liberal Arts, Mechanical Engineering, Crime, Law and Justice, IST, DUS, etc.)		<u>VA EDUCATIONAL BENEFITS</u>
	<u>CURRENT DEGREE PROGRAM</u>	Montgomery GI Bill:
SOCIAL SECURITY NUMBER:	Associate <input type="radio"/>	Active Duty (Chapter 30) <input type="radio"/>
	Bachelors <input type="radio"/>	Selected Reserves (Chapter 1606) <input type="radio"/>
VA FILE NUMBER:	Masters <input type="radio"/>	REAP/Reserve Educational Assistance Program (Chapter 1607) <input type="radio"/>
	Doctoral <input type="radio"/>	VEAP/Contributory (Chapter 32) <input type="radio"/>
PSU ID:	<u>ENROLLMENT STATUS</u>	Dependents (Chapter 35) <input type="radio"/>
	Non-Degree <input type="radio"/>	Vocational Rehabilitation (Chapter 31) <input type="radio"/>
	Provisional <input type="radio"/>	
	Degree <input type="radio"/>	

Are you currently on active duty? Yes  No  Do you have a graduate assistantship? Yes  No  (If yes, please submit a current copy of your contract or a letter from your department indicating the level of assistantship.)

Do you have a disability? Yes  No  (If yes, make an appointment to see a counselor.)

Have you ever used your benefits? Yes  No

If yes, please list the name of the last school or Penn State campus location: \_\_\_\_\_

Also list the last semester you received benefits: \_\_\_\_\_

Do you plan to graduate Summer 2006? Yes  No

Campus Location	Course Name and Number	Section	Credits

Remarks (for Office use):

Please note: The Summer 2006 Advance Pay deadline is 31 March 2006.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to receive Advance Payment for \_\_\_\_\_ (semester) \_\_\_\_\_ (year).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_