

CERTIFICATION REQUEST: VA EDUCATIONAL BENEFITS

FALL 2008/ SPRING 2009

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

Are you currently on active duty? Yes No
 If yes, are you also receiving Tuition Assistance? Yes No
 Do you have a disability? Yes No
 (If yes, schedule an appointment with 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: _____

How many credits do you plan to take Fall 2008? 12 or more: <input type="radio"/> 9, 10, or 11: <input type="radio"/> 6, 7, or 8: <input type="radio"/> 4 or 5: <input type="radio"/> 3 or fewer: <input type="radio"/> Do you plan to graduate Fall 2008? Yes <input type="radio"/> No <input type="radio"/>	How many credits do you plan to take Spring 2009? 12 or more: <input type="radio"/> 9, 10, or 11: <input type="radio"/> 6, 7, or 8: <input type="radio"/> 4 or 5: <input type="radio"/> 3 or fewer: <input type="radio"/> Do you plan to graduate Spring 2009? Yes <input type="radio"/> No <input type="radio"/>
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Remarks (for Office use):

Please note: The Fall 2008 Advance Payment deadline is 31 May 2008; the Spring 2009 Advance Payment deadline is 1 November 2008.

Student's Signature: _____ Date: _____

I wish to receive **Advance Payment** for _____ (semester) _____ (year).

Student's Signature: _____ Date: _____