

VA Student Information Sheet

Name _____
First Middle Last

SSN: _____ Student ID: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Primary Phone: _____ Alternate Phone: _____

Email: _____ Student Email: _____

Major: _____

Which chapter of benefits will you be using?

_____ Chapter 30 (Montgomery GI Bill ®)

_____ Chapter 33 (Post 9/11 GI Bill ®)

_____ Chapter 35 (Dependents' Educational Assistance – DEA)

Veteran's SSN: _____

_____ Chapter 1606 (Reserve/National Guard)

_____ Chapter 1607 (Reserve/National Guard – REAP)

_____ Chapter 31 (Vocational Rehabilitation)

Counselor's Name: _____

Counselor's Phone: _____

Counselor's Email: _____

Previous College(s) Attended:
