



STAFFORD CAMPUS

REQUEST FOR VETERANS BENEFITS – : 5 @@2014

Name _____ VA File # (last 4 digits) _____

Mailing Address _____ Dependant's VA File# (last 4 digits) _____

Home Phone # _____

Email Address _____ Work Phone # _____

Are you currently: [] Active Duty [] Separated from Service
[] Spouse of Service Member [] Child of Service Member

VA Benefits Chapter: [] Chapter 30 (MGIB) [] Chapter 35 (DSEAP)
[] Chapter 32 (VEAP) [] Selected Reserve 1606 (MGIB)
[] Chapter 33 (Post 9/11) [] Selected Reserve 1607 (REAP)

Other Federal Funding: [] ROTC [] HPSP
(Non-Title IV) [] MyCAA/Military OneSource [] GETA
[] Tuition Assistance (Type: _____) [] Other: _____

Program: [] BPS [] CERT [] MBA [] MED [] MSMIS [] MBA-MSMIS

Status at University of Mary Washington:

[] Continuing Student [] Visiting/Guest Student (Parent School _____)
[] New Student
(Date 22-1990 Application for VA Education Benefits Submitted: _____)
(Date 22-1995 Request for Change in Place of Training Submitted: _____)
[] Certificate of Eligibility Attached or [] VONAPP/eBenefits Confirmation No. _____

Please indicate below your enrollment plans for : U` 2014:

[] Fall Semester – 16 Week Term _____ How many credits? _____
[] First Eight Week Term _____ How many credits? _____
[] Second Eight Week Term _____ How many credits? _____

Please return this form to Robert Louzek, Veterans Liaison, University of Mary Washington, Stafford Campus, 121 University Boulevard, South Building, Room 140 to request certification of your enrollment to the VA for Veterans Benefits. Telephone: 540-286-8075/Fax: 540-286-8005