



2017-2018 - Veteran/Dependent, Tuition Assistance and National Guard Enrollment Certification Request

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. Government website at www.benefits.va.gov/gibill.

Contact Information:

Name (last, first, middle initial): _____ Student ID: _____

SS#: _____ VA file#: _____ (For Chapter 35 recipients and Chapter 33 TEB)

Address: _____ City: _____ State: _____ Zip code: _____

Home phone:(____) _____ Cell phone: (____) _____ UNH Email: _____

Are you active duty now? Yes No Branch of Service: _____

Did you receive VA Education Benefits at any previous institution? (please check one) Yes No

If yes, Please indicate last school attended while receiving benefits: _____

Benefit Information (Please check one):

Which benefits do you wish to be certified for: (to determine this, go to the VA's website: www.gibill/va/gov/)

- | | |
|---|---|
| <input type="checkbox"/> Chapter 30 – Montgomery GI Bill® (Active Duty) | <input type="checkbox"/> Chapter 1606 – Montgomery GI Bill® – Selected Reserves (Reserves or National Guard) |
| <input type="checkbox"/> Chapter 31 – Vocational Rehabilitation | <input type="checkbox"/> Chapter 1607 – REAP (Activated Reserves of National Guard having served under Title 10) |
| <input type="checkbox"/> Chapter 32 – VEAP (Veterans Educational Assistance Program) | <input type="checkbox"/> Other: _____ (If we have not provided you a choice of benefit you will be receiving please explain. Including: FTA and/or NH Nat'l Guard Waivers) |
| <input type="checkbox"/> Chapter 33 – POST 9/11 GI Bill® | |
| <input type="checkbox"/> Chapter 33 – POST 9/11 GI Bill® TEB (Transfer of Benefits to Dependent) | |
| <input type="checkbox"/> Chapter 35 – Dependents and Survivors Educational Assistance Program | |

Have you filed your FAFSA for 2016/2017? (Priority filing deadline is March 1st) Yes No

Are you utilizing the UNH/UNH Manchester provided Student Health Benefit Plan? Yes No

Are any courses being taken as repeat courses? Yes No Are you auditing any classes? Yes No

Please indicate the semesters/terms you wish to receive benefits for and the credits you expect to take for each:

- | | |
|---|---|
| <input type="checkbox"/> Fall 2017, # of anticipated credits? _____ | <input type="checkbox"/> J-Term 2018, # of anticipated credits? _____ |
| <input type="checkbox"/> Spring 2018, # of anticipated credits? _____ | <input type="checkbox"/> Summer 2018, # of anticipated credits? _____ |

- | |
|--|
| <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Graduate |

- I am aware that changes in my registration may alter the payment the VA will award me, and that I will be liable for any overpayments.
- I will notify the Certifying Official immediately, in writing, of any changes that I make to my schedule, so this can be reported to the VA in a timely manner.
- I may only receive GI Bill/military benefits for courses satisfying unfilled degree requirements.
- I must continue to make acceptable academic progress. A term or overall GPA of less than 2.0 may terminate benefits.
- I give the University of New Hampshire Office of Veterans Affairs permission to discuss my education benefits with the Veterans Administration.
- I am aware the School Certifying Official must certify actual course data for each individual course if the course dates differ from the standard term dates. VA regulations will determine the amount of my monthly stipend.

Student Signature: _____ Date: _____