



Student _____

Address _____
Street City State Zip

Phone # (_____) _____ Cell # (_____) _____

Social Security Number _____ Birthdate _____

Eligibility: Active Veteran Spouse Dependent

Please indicate the Chapter of Veteran's Educational benefits you will be receiving:

- Chapter 30 - Montgomery GI Bill – Active Duty
- Chapter 31 - Vocational Rehabilitation
- Chapter 33 - Post 9/11 GI Bill (Percent of Benefit = _____%)
- Chapter 35 - Dependent Educational Assistance
- Chapter 1607 - Reserve Educational Assistance
- Chapter 1606 - Montgomery GI Bill- Selected Reserve

Branch:

- Air Force
- Army
- Coast Guard
- Marines
- National Guard
- Navy

I certify that I have completed this form to the best of my knowledge. I am aware that I must notify the MMC Registrar's Office of any change in the information provided on this form or any changes to my registration or major. I understand that any discrepancies in this form will result in a delay of payment or no payment at all.

Signature _____ Date _____