



WILLIAM PEACE UNIVERSITY
15 East Peace Street
Raleigh, NC 27604

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VA EDUCATION BENEFITS REQUEST FORM

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Student SSN: XXX-XX-_____ VA File # (Veteran's SSN for CH. 35 only): _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Military Branch of Service of Veteran: _____ Active Duty? Yes _____ No _____

Eligibility - Please check education benefit you are eligible for:

- | | |
|---|---|
| <input type="checkbox"/> CH 33: Post 911 | <input type="checkbox"/> CH 35: Dependent/Survivor Assistance |
| <input type="checkbox"/> CH 33: Post 911 Transfer of Entitlement (TOE) – student is dependent | <input type="checkbox"/> CH 1606: Selected Reserve |
| <input type="checkbox"/> CH 30: Montgomery | <input type="checkbox"/> CH 1607: RFAP |
| <input type="checkbox"/> CH 31: Vocational Rehabilitation | <input type="checkbox"/> Tuition Assistance |
| | <input type="checkbox"/> Fry Scholarship |

Please indicate the term, year, and current curriculum enrolled:

Term: _____ Year: _____ Major: _____

I request certification for VA Educational Benefits for the 2021-2022 school year for the following terms:

(check all that apply)

☐ Fall 2021

☐ Spring 2022

☐ Summer 2022

Do NOT certify the following terms: (check all that apply)

☐ Fall 2021

☐ Spring 2022

☐ Summer 2022

Please INITIAL next to each statement confirming you will adhere to policies and procedures set forth by both the Department of Veteran Affairs and William Peace University.

_____ I acknowledge the information provided is accurate

_____ Should any information change, I will notify the university VA Certifying Official at WPU and Veteran Services as soon as possible

_____ I understand enrollment will not be submitted to VA until I am registered for courses

_____ I understand (if applicable), I MUST self-verify attendance at the end of each month

_____ I will comply with VA and college regulations concerning: Drops/Withdrawals/Change of Major

_____ I understand I will not be paid for courses not in my curriculum

Signature: _____ **Date:** _____

