

Student Information Sheet

All information requested below is needed to process your benefits.

Failure to complete this form in its entirety may result in processing delays.

Please TYPE and return the completed form to the VMA Office along with other paperwork.

Full Name:		S	tudent ID #:		
Phone #:		С	rimson Email:		
Mailing Address: (Street, City, State, Zip Code		-	tudent SN #:		
Please check your applicable category:	-		lajor:		
Are you transferring from another school where you used VA Education Benefits?	Yes No If yes, please answer the transferring question listed at the bottom of the page.		a minor required or your degree? If es, please list inor(s):		
Which VA Education Program are you using? (Please check the box to the left of the appropriate program.)					
CH 30 Montgomery GI Bill™		CH ·	CH 1606 Montgomery GI Bill™ – Select Reserve		
CH 31 Vocational Rehab & Employment			CH 35 Dependents' Educational Assistance		
CH 33 Post 9/11 GI Bill™ (Service Member)		FRY	FRY Scholarship		
CH 33 Post 9/11 GI Bill™ (Transfer of Entitlement)					
•	ilizing CH 31 Voc Rehab, please VA Hospital? Yes No	answer tl	ne following questio	ns:	
Name of VR&E Counselor:					
Email of VR&E Counselor:					
	ilizing CH 35 DEA, please answ		owing questions:		
Please contact the VA, 1(888)442-4551, if you are unsure of this information.					
If you answered YES to tr	ansferring from another school,	please an	swer the following o	uestions:	
	sed VA Education Benefits?	1		· · · · · · · · · · · · · · · · · · ·	
□Yes □No					
Are you going to take RO	TC classes and become a militar	y officer?	☐Yes ☐No		