

Veterans Resource Center GMT 104

University Park, IL 60484 Office: 708-235-7597

Fax: 708-235-7632

Email: veterans@govst.edu

## Veterans Benefit Form: Fall 2021 - Summer 2022

Print Name		GSU ID#	
Indicate the term you are enrolling for benefits:	Last 4 D	Digits of VA File Number	
FA SP SU	(Social So	(Social Security # for all VA Chapters except CH35)	
Instructions:	(500.01.5	econt, in or all tree diapters except chiss,	
Complete the Benefit Certification section below. Che	eck off any boxes for	the benefit(s) you may be using.	
Complete the Registered Courses section using your o	current term schedul	e and sign and date the signature line.	
Your academic advisor/counselor must complete and sign requirement is exempted for students using only IVG, ING, or Once completed, return this document to the Veterans Resource.	MIA/POW for the term	٦.	
Policies:	ource center in room o	ivii 104 01 eman veterans@govst.edu.	
This form should be completed once you have finalized your adjustment to your benefits, which may lead to an overpaym form must be completed every semester to apply your beneficts of Attendance: The benefits listed below all accrue to Substantial funding amounts from your benefits may result financial aid office. You will be notified of any changes to you	ent that requires repay efits. wards the annual cost t in a reduction of fund	ment. <b>A new, seperate copy of this</b> of attendance limit for financial aid at GSU. s for other types of aid awarded to you through th	
Benefit Certification: Indicate the program in which you are	e applying for benefits	:	
□ Chapter 33: Post 9/11 GI Bill			
□ Chapter 30: Montgomery GI Bill-Active Duty			
□ Chapter 1606: Montgomery GI Bill Selected Reserve			
☐ Chapter 31: Vocational Rehabilitation and Employment			
□ Chapter 35: Survivors' & Dependents' Educational Assista	nce		
☐ Military Tuition Assistance (Please attach Tuition Assista	ance Authorization fro	m your respective Military Branch)	
□ Illinois MIA/POW Scholarship			
□ Illinois Veterans Grant (IVG)			
□ Illinois National Guard Grant (ING)			
Registered Courses:			
COURSE NAME COU	RSENUMBER	SECTION	
By signing below I am acknowledging that I have read and agreed to or dropping classes after submitting this benefit request form may payment. I understand that election of Chapter 33 certification is irr	cause a balance due to	the university and/or VA and I may be responsible for	
Student's Signature		Date	

## STUDENTS DO NOT COMPLETE - FOR ACADEMIC ADVISORS ONLY

Certification and Signature by Academic Advisor/Counselor (Not required for IVG, ING, or MIA/POW only benefit election)

The advisor/counselor verifies the courses in which the applicant is enrolled that are specifically required for degree or certificate completion. Failure to supply verification will result in monthly check delays and/or overpayment of benefits.

**Enrolled Courses Required for Applicant's Program:** 

COURSE NUMBER	NUMBER OF CREDITS	REPEATED COURSE
Prior Credit Evaluation: The VA requires that previous coursework and experience credit al requirements be reported. This information is needed for veteran evaluation.	•	_
Creditallowedtowarddegreeorcertificateprogramfromallprevious	ous coursework or experience c	redit:
Required hours needed to complete the degree or certificate at GS	SU:	
Academic Advisor Signature		Date