



Student Information

Name: _____

Address: _____

Phone: _____

Email: _____

SSN:

PSU ID: 9

Military Affiliation:

- Veteran National Guard/Reserves
 Active Duty Non-Military/Dependent

Branch of Service:

- Air Force Marine Corps
 Army Navy
 Coast Guard

Is this your first semester at University Park? Yes No

Do you have a service-connected disability? Yes No

Are you responsible for dependent(s)? Yes No

Veterans Affairs Education Benefits (Must apply through VA at <http://www.benefits.va.gov/gibill/apply.asp>)

- Chapter 33: Post 9/11 GI Bill ****Required: VA Certificate of Eligibility****
 Chapter 31: Vocational Rehabilitation ****Required: VA Form 28-1905****
 Chapter 30: Montgomery GI Bill
 Chapter 1606: Montgomery (Reserve/National Guard) GI Bill
 Chapter 35: Dependents Educational Assistance Program ****Required: VA File Number _____****

Academic Information

Program of Study:

- Certificate Associate's Bachelor's Master's Doctoral Non-Degree

Major: _____

Course Number & Name	Credits	Course Number & Name	Credits

Financial Aid

→ Have you completed your Free Application for Federal Student Aid (FAFSA)? Yes No

⇒ Apply for additional federal financial aid at <https://fafsa.ed.gov/>. For more information, visit <https://studentaid.psu.edu/>.

→ Indicate any **tuition-specific** financial aid you are utilizing below:

- Federal Tuition Assistance (TA) Penn State Employee/Staff Discount Seaman to Admiral Program (STA-21)
 ROTC Scholarship Other: _____

⇒ Be advised, we are required to deduct **tuition-specific** financial aid from the total tuition reported to the VA.

Student Responsibilities/Acknowledgements

- It is my responsibility to request certification with the Office of Veterans Programs for each semester in which I intend to utilize VA education benefits.
→ It is my responsibility to consult with a Veterans Counselor prior to making any enrollment changes and to report any change in status (i.e. enrollment, program of study, contact information) to the Office of Veterans Programs as soon as it occurs.
→ It is my responsibility to notify the Office of Veterans Programs of any changes in my VA education benefit. I am responsible for any debt owed to PSU or the VA due to limited/exhausted entitlement or an overpayment in my education benefits.
→ I certify that I have read this document in full and understand my responsibilities as outlined above.

Student Signature _____

Date _____