

LYCOMING COLLEGE

REQUEST TO APPLY VETERAN'S BENEFITS

**Required sections: I --- OR --- II, AND sections III, IV.
Failure to complete required sections may delay your certification.**

I. I am a VETERAN:

Name: Lycoming College Student ID# or Last 4 of SSN:

Date of Birth: Have you served after 9/11? Yes No

This information is used to identify your file or claim.

II. Parental or Spousal Veteran Benefits are being transferred to me:

10 spouse/surviving spouse 42 second child to apply W spouse/surviving spouse B second child to apply

41 first child to apply 43 third child to apply A first child to apply C third child to apply

• Benefit Tier Percentage:

• Yellow Ribbon? Yes No

III. TYPE OF BENEFIT YOU ARE EXPECTING:

Veteran's Name: **VA File Number:**
(Usually the last 4 digits of the Veteran's SSN)

Student's Name: **I am the Veteran's:** child spouse

Payee Number: **Suffix:**

Chapter 30 (MGIB) Chapter 31 (Voc Rehab)

Chapter 35 (Dependents) Chapter 1606 (Reservists)

Chapter 33/33Y (POST 9/11) Chapter 1607 (REAP)

IV. OTHER INFORMATION: Please check all that apply.

I need my enrollment certified with VA-ONCE I need my grades entered with GoArmy.ed

Other – please enter specific details below

Please bring completed form to Financial Aid.

Please submit a copy of your COE or NOBE to the Registrar's Office.

Financial Aid Signature: _____ **Date:** _____

Student Name Printed: _____ **Date:** _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

COE or NOBE on file?	Adoption Completed?	Certification Sent?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A