

Veteran's Information Sheet

Name: _____ Soc Sec Number: _____
Address: _____ VA File Number: _____
City: _____ State: _____ Zip Code: _____
LSC Student ID: _____ Program of Study: _____
Phone: _____ E-mail: _____

Is this a new address? ____ Yes ____ No *First time receiving benefits at LSC?* ____ Yes ____ No

Please check one of the following listed below:

_____ Montgomery GI Bill Active Duty Educational Assistance Program
(Chapter 30)

_____ Vocational Rehab Counseling at VA Regional Office in St. Paul
(Chapter 31)

_____ Post 9/11 GI Bill (Chapter 33)
_____ **Percentage Eligible**

_____ Dependents Survivors' and Dependents' Educational Assistance
(Chapter 35) SSN or file # of the Veteran is required to process benefits

_____ Montgomery GI Bill Reserve/Guard Educational Assistance Program
(Chapter 1606)

_____ Montgomery GI Bill Reserve Educational Assistance Program (REAP)
(Chapter 1607)

Will you be receiving:

_____ FTA (Federal Tuition Assistance)
Cannot be used for courses that are certified under Chapter 1606 or 1607

_____ STR (State Tuition Reimbursement)

Please notify the School Certifying Official when you make changes to your credits (increase/decrease), the program you are pursuing and/or if you intend to withdraw from school. A request to certify must be completed for each term of enrollment that you wish to receive benefits. If you plan on attending summer session, please contact the School Certifying Official so that your benefits will not get interrupted.

I hereby certify that the information I have given is true and correct to the best of my knowledge and belief.

Signature _____ Date _____