

## Veteran Affairs Benefits Submission Form

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

SPELMAN ID \_\_\_\_\_ SSN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

SPELMAN E-MAIL ADDRESS: \_\_\_\_\_@spelman.edu

Are you a dependent using transferred Post 9/11 benefits? YES \_\_\_ NO \_\_\_

**Select your Veteran Affairs Educational Benefit:**

\_\_\_ Chapter 33 (Post 9/11)

\_\_\_ Chapter 31 (Vocational Rehabilitation)

\_\_\_ Chapter 30 (GIBILL)

\_\_\_ Chapter 1606 (Sel Res)

\_\_\_ Chapter 35 (DEA)\*\*

\_\_\_ Chapter 1607 (REAP)

\*\*Chapter 35 (DEA-Dependent Educational Assistance) Sponsor SSN required: \_\_\_\_\_

**You are asked to carefully read and initial each line.**

\_\_\_\_\_ It is my responsibility to provide the Veterans Affairs Certifying Official a copy of a current detailed schedule each semester while receiving benefits. I understand VA will only pay for courses used towards my degree.

\_\_\_\_\_ I understand as a dependent using any chapter VA educational benefits, that the VA Certifying Official will not discuss my VA benefits with a spouse or parent(s) unless there is a FERPA signed release form placed in my Veterans Affairs file.

\_\_\_\_\_ It is my responsibility to provide the Veterans Affairs Certifying Official a copy of my Certificate of Eligibility issued by the Department of Veterans Affairs.

\_\_\_\_\_ I understand I must immediately report any of the following changes to the Veterans Affairs Certifying Official: Withdrawal from Spelman College, Dropped Courses, Added Classes, and Change in Major/Concentration/Minor. Failure to do so will result in suspension or denial of future benefits and/or require repayment of benefits already received.

\_\_\_\_\_ I understand that strict adherence to Satisfactory Academic Progress (SAP), personal conduct, and class attendance must be followed in accordance to policies printed in the Student Handbook.

\_\_\_\_\_ I understand that Chapter 33-Post 9/11 Educational Benefits pay tuition to Spelman College. If there is an overpayment of funds and a refund occurs, it is my (student) responsibility to pay any overpayment back to VA.

\_\_\_\_\_ I understand if changes are made to the original schedule submitted to the Veteran Affairs Certifying Official for certification that such changes could incur charges resulting in a balance due.

\_\_\_\_\_ If I have any questions regarding the receipt of funds, I understand I should first contact the Veteran Affairs Certifying Official to verify my Enrollment Certificate has been submitted to the Atlanta Regional Office and then I will contact the VARPO for all money issues at 1-888-442-4551.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPELMAN ID \_\_\_\_\_