

For utilization of your VA Educational Benefits, completion of this form is required as usage of your benefits is never assumed.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ GU ID#: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ ☐ Home ☐ Cell Check if applicable: ☐ Military Active Duty student ☐ Veteran student

Degree Level: ☐ Undergraduate ☐ Graduate ☐ Doctoral ☐ Law

Major pursuing for upcoming year: \_\_\_\_\_

Have you applied to graduate? ☐ Yes ☐ No If yes, which term (term/year): \_\_\_\_\_

**BENEFIT INFORMATION**

Benefit being used for 2024-'25: ☐ Ch. 30 (Montgomery GI Bill®) ☐ Ch. 35 (Survivors' and Dependents' Educational Assistance)  
☐ Ch. 31 (VR&E) ☐ Ch. 1606 (MGIB-Selected Reserve)  
☐ Ch. 33 (Post 9/11 GI Bill®) ☐ Fry Scholarship  
☐ STEM Scholarship

**ADVANCE PAYMENT (not available to Ch. 33)**

This option is available to those who are eligible and desire to draw the first benefit payment in advance. Following requirements must be met:

- Attend school at least half-time
- At least 30-day break between terms
- Enrollment certified at least 30 days prior to start of class

Advance payment check will be sent to school and you will be notified when to pick up. All subsequent payments will be paid to student as scheduled after the end of the month. For example, if you take advance payment for the Fall semester (covering August and September), your next payment (covering October) will not come until early November.

☐ I want to receive Advance Payment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION ASSISTANCE (TA)**

**Active Duty Students Only** – If you will be using TA, please note which terms this will be used: \_\_\_\_\_

**CERTIFICATION INFORMATION**

Please indicate your **estimated credits** for each semester you wish to be certified. Check the box for any semester you do not want to be certified.

SUMMER 2024 \_\_\_\_\_ credits

☐ Do not certify

FALL 2024 \_\_\_\_\_ credits

☐ Do not certify

SPRING 2025 \_\_\_\_\_ credits

☐ Do not certify

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*School Certifying Official Use Only*

Term	Credits	Part of Term/Dates	Tuition & Fees
	____ R ____ O		
	____ R ____ O		
	____ R ____ O		
	____ R ____ O		
	____ R ____ O		