

THE UNIVERSITY *of* MONTANA WESTERN

Veterans Educational Benefits Request Form

Financial Aid Office
710 S. Atlantic St
Dillon, MT 59725

Phone: 406-683-7511 Fax: 406-683-7510

Please complete each year you wish to receive benefits and mail or fax to the financial aid office

VA certifying official prefers to have your certificate of eligibility on file to certify enrollment

<p>Personal Information</p> <p>Student ID _____</p> <p>VA File Number _____</p> <p>Name (Last, First MI) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Daytime Phone Number _____</p> <p>UMW Email _____</p>

<p>Degree Information</p> <p>Degree Program (Select One)</p> <p><input type="checkbox"/> Certificate</p> <p><input type="checkbox"/> Associates</p> <p><input type="checkbox"/> Bachelors</p> <p>Term Benefits are requested for</p> <p><input type="checkbox"/> Summer 2017</p> <p><input type="checkbox"/> Fall 2017</p> <p><input type="checkbox"/> Spring 2018</p>
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<p>Are you receiving benefits under the Post 9-11 GI Bill?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I don't know</p>	<p>Which best describes you?</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Active Duty Military</p> <p><input type="checkbox"/> National Guard/Reservist</p> <p><input type="checkbox"/> Dependent/Spouse of Veteran</p>
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<p>Current Program of Study?</p> <p>_____</p> <p>Have you recently changed your major?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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By Signing Below I authorize the release of my academic, disciplinary, and financial records to the US Department of Veteran's Affairs.

Signature: _____ Date: _____

Office Use Only:

Certification done: Summer Fall Spring

Banner Tracking: Yes No

Notes: _____