



STUDENT ID: _____

HAVE YOU RECEIVED BENEFITS AT LEWIS BEFORE?

Yes _____ No _____

(If no, please attach NOBE or DD214.)

LEWIS UNIVERSITY VA EDUCATION BENEFIT ENROLLMENT CERTIFICATION

VETERANS: PLEASE COMPLETE THIS FORM EACH SEMESTER.

CONTACT INFORMATION:

Last Name _____ First Name _____ Middle _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

GRADE LEVEL: _____ **MAJOR:** _____

INDICATE THE YEAR(S) AND SEMESTER(S) FOR WHICH YOU ARE APPLYING:

Fall _____ Spring _____ Summer _____

PLEASE CHECK YOUR V.A. BENEFIT CATEGORY:

- ___ Post 9/11 G.I. Bill (Chapter 33) **PLEASE SUBMIT CERTIFICATE OF ELIGIBILITY**
- ___ Montgomery G.I. Bill-Active Duty (Chapter 30)
- ___ Montgomery G.I. Bill-Reserve Duty (Chapter 1606)
- ___ Reserve Educational Assistance Program (Chapter 1607)
- ___ Survivors and Dependents Educational Assistance Program (Chapter 35) VA File # _____
- ___ Vocational Rehabilitation (Chapter 31)

YOU MUST NOTIFY OUR OFFICE OF:

- **Changes in your schedule**
- **Changes in your program or major**
- **Withdrawal, dismissal, activation**

AGREEMENT AND SIGNATURE:

By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. You have the legal responsibility of notifying the Lewis University Financial Aid Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in over/under payment and/or delay in receiving your Department of Veteran Affairs Educational Benefits. Note: VA will correct overpayments by subtracting the amount in question from subsequent checks.

Name (Printed) _____

Signature _____ Date _____