



2022-2023 REQUEST FOR VA CERTIFICATION

Submit to Veterans Center, vetmil@montevallo.edu, (205) 665-6472

Name _____ **Student social** _____
 UMID _____ **Veteran Social** _____
 Mailing Address _____
 City, State, Zip _____
 Phone/Mobile _____
 Email _____
 Classification FR SOPH JR SR GRAD
 Program/Major(s) _____
 Concentration(S) _____ Minor(s) _____

Select the semesters for which you want to use benefits this academic year

Fall 2022 Spring 2023 Summer 2023

Select all roles that apply to you this academic year

| | | |
|---|--|---|
| <input type="checkbox"/> Veteran , Branch: _____ | <input type="checkbox"/> Spouse , Branch: _____ | <input type="checkbox"/> Dependent , Branch: _____ |
| <input type="checkbox"/> Disabled Veteran , Branch: _____ | <input type="checkbox"/> of Active Duty/Currently | <input type="checkbox"/> of Active Duty/Currently |
| <input type="checkbox"/> Currently Serving , Branch: _____ | Serving | Serving |
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> of a Veteran | <input type="checkbox"/> of a Veteran |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> of a Disabled Veteran | <input type="checkbox"/> of a Disabled Veteran |
| <input type="checkbox"/> Reserve | | |
| <input type="checkbox"/> ROTC | | |

Select all the benefits you will use this year

| | |
|---|--|
| <input type="checkbox"/> Alabama GI Dependent Scholarship | <input type="checkbox"/> CH 1606, Selected Reserve, MGIB-SR |
| <input type="checkbox"/> CH 30, Montgomery GI (MGIB-AD) | <input type="checkbox"/> Fry Scholarship |
| <input type="checkbox"/> CH 31, VocRehab (VR&E) | <input type="checkbox"/> Tuition Assistance (TA) |
| <input type="checkbox"/> CH 33, POST 9/11 GI BILL | <input type="checkbox"/> Alabama National Guard Education Assistance |
| <input type="checkbox"/> CH 33, Post 9/11/YELLOW RIBBON | Program (ANGEAP) |
| <input type="checkbox"/> CH 35, DEA | <input type="checkbox"/> Other: _____ |

Student Statement of Understanding

- The information above will be shared with the VA Educational Benefits division.
- My enrollment certifications and amendments will be sent electronically through VA Once.
- I must report all changes to my schedule or my major to the School Certifying Official.
- All changes to my enrollment may alter the benefits received from the VA.
- I am liable for any overpayment that I might receive from the VA or UM.
- I am responsible for any resulting balance on my student account from VA adjustments.

STUDENT SIGNATURE _____ DATE _____