

Email: [Finaid@lewisu.edu](mailto:Finaid@lewisu.edu)

## VA Education Benefit Enrollment Certification

**THIS FORM MUST BE COMPLETED EVERY SEMESTER.**

READ AND PROCESS EACH SECTION CAREFULLY — AN INCOMPLETE OR INCORRECT SUBMISSION WILL RESULT IN DELAYS. All documents submitted to the Office of Financial Aid Services must be signed; all e-communications from Financial Aid Services will be sent to student's official Lewis email account.

**Student Information:**

Student ID Number: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

Have you received Benefits at Lewis Before?  Yes  No

(If no, please attach NOBE or DD214)

Are You currently on active Duty?  Yes  No

Last Name

First Name

Phone Number

Mailing Address

City

State

Zip

Please indicate which semester this form is to be applied: \_\_\_\_\_

What is your current Grade Level? \_\_\_\_\_

What is your Major? \_\_\_\_\_

**Indicate your VA Benefit Category Below:**

- Post 9/11 GI Bill (Chapter 33) \*Please submit certificate of eligibility\*
- Montgomery GI Bill-Active Duty (Chapter 30)
- Montgomery GI 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)

**Agreement and Signature:**

YOU MUST NOTIFY OUR OFFICE of: (a) Any changes in your schedule, (b) any changes in your program, or (c) withdrawal, dismissal or activation. 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 (Print)

Signature

Date