



**Student Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN:

PSU ID: 9

**Military Affiliation:**

- Veteran  National Guard/Reserves  
 Active Duty  Non-Military/Dependent

**Branch of Service:**

- Air Force  Marine Corps  
 Army  Navy  
 Coast Guard

Is this your first semester at PSU York?  Yes  No

Do you have a service-connected disability?  Yes  No

Are you responsible for dependent(s)?  Yes  No

**Veterans Affairs Education Benefits** (Must apply through VA at <http://www.benefits.va.gov/gibill/apply.asp>)

- Chapter 33: Post 9/11 GI Bill **\*\*Required: VA Certificate of Eligibility\*\***  
 Chapter 31: Vocational Rehabilitation **\*\*Required: VA Form 28-1905\*\***  
 Chapter 30: Montgomery GI Bill  
 Chapter 1606: Montgomery (Reserve/National Guard) GI Bill  
 Chapter 35: Dependents Educational Assistance Program **\*\*Required: VA File Number \_\_\_\_\_\*\***

**Academic Information**

**Program of Study:**

- Certificate  Associates  Bachelors  Masters  Doctoral  Non-Degree

Major: \_\_\_\_\_

Course Name & Number	Credits	Course Name & Number	Credits

**Financial Aid**

- Have you completed your Free Application for Federal Student Aid (FAFSA)?  Yes  No  
⇒ Apply for additional federal financial aid at <https://fafsa.ed.gov/>. For more information, visit <https://studentaid.psu.edu/>.
- Indicate any **tuition-specific** financial aid you are utilizing below:  
 Federal Tuition Assistance (TA)  Penn State Employee/Staff Discount  Seaman to Admiral Program (STA-21)  
 ROTC Scholarship  Other: \_\_\_\_\_
- ⇒ Be advised, we are required to deduct **tuition-specific** financial aid from the total tuition reported to the VA.

**Student Responsibilities/Acknowledgements**

- It is my responsibility to request certification with the Office of Veterans Programs for each semester in which I intend to utilize VA education benefits.
- It is my responsibility to consult with a Veterans Counselor prior to making any enrollment changes and to report any change in status (i.e. enrollment, program of study, contact information) to the Office of Veterans Programs as soon as it occurs.
- It is my responsibility to notify the Office of Veterans Programs of any changes in my VA education benefit. I am responsible for any debt owed to PSU or the VA due to limited/exhausted entitlement or an overpayment in my education benefits.
- I certify that I have read this document in full and understand my responsibilities as outlined above.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_