

**NORTHWEST UNIVERSITY
VA EDUCATIONAL BENEFITS DATA FORM**

NAME _____ SS# (or VA File #) _____
Last First Middle

DOB ____/____/____ PHONE # _____ EMAIL ADDRESS _____

LOCAL ADDRESS _____

EDUCATIONAL BENEFIT (select one, two if Yellow Ribbon)

- | | | |
|---|--|--|
| <input type="checkbox"/> MGIB (CH30) | <input type="checkbox"/> REAP (CH1607) | <input type="checkbox"/> Selected Reserve (CH1606) |
| <input type="checkbox"/> Post-9/11 (CH33)* | <input type="checkbox"/> Dependent/Spouse (CH35) | <input type="checkbox"/> Voc/Rehab (CH31) |
| <input type="checkbox"/> Yellow Ribbon Program (must also select Post-9/11 CH33)* | | <input type="checkbox"/> VEAP (CH32) |

**Qualifying CH33 veterans may apply for the Yellow Ribbon Program. If you are 100% benefit eligible under CH33 as evidenced by your Certificate of Eligibility you can elect Yellow Ribbon Program benefits by checking the Yellow Ribbon Program box. Specific program information is available from the VA Coordinator (in Registrar's Office) or www.gibill.va.gov*

I will attend:	<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	LEAP? <input type="checkbox"/> No <input type="checkbox"/> Yes	GRADUATE STUDIES? <input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Spring 20____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
	<input type="checkbox"/> Summer 20____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		

Major/Academic Program _____ Is this a change? No Yes

Are you married? No Yes — Spouse's name _____ Number of dependent children _____

Are you on active duty at this time? No Yes — When do you complete your tour of duty? _____

Have you ever used your VA Educational Benefits? No Yes

When? (dates) _____ Where? College/University (name, city, state) _____

Are you currently enrolled at that school? No Yes Number of credits _____

Are you using your VA Educational Benefits there? No Yes

➔ If Yes, do you wish Continuous Pay? No Yes — For Continuous Pay all chapters must be at least half-time current term and plan on enrolling at least half-time at Northwest College.

Advance Pay — eligibility criteria for all chapters (request must be submitted 30 days (45-60 days recommended) prior to term; minimum half-time enrollment; did not attend prior term)

➔ If you qualify, do you wish Advance Pay? No Yes — Read and initial the following statement:
 "I am aware that if I receive Advance Pay I will receive a check at the beginning of the semester and will not receive another check for approximately three months. I also understand that I must be registered before I may receive my advance pay check." _____ (initials)

✓ I declare the information in this application to be accurate and wish to apply for VA benefits at Northwest University. I understand that it is my responsibility to inform the VA Coordinator of any change in major, class schedule or class attendance.

Signature _____ Date _____

INTERNAL USE ONLY

Yellow Ribbon Election Notifications: Financial Aid Student Accounts

First term of attendance: Fall 20____ Spring 20____ Summer 20____