

## **PAINE COLLEGE VETERAN AFFAIRS OFFICE**

1235  $15^{TH}$  Street AUGUSTA, GA 30901 706 • 821-8301 FAX: 706 • 821-8398

E-Mail: gmclaughlin@paine.edu

## **VETERANS INFORMATION FORM**

## This form is to be completed for each semester of your enrollment

	<b>MENT SEME</b> neck one (√		
YEAR:			
	SPRING	SUM-III SUM-III	
FT. GORI	OON/CAPS I	PROGRAM:	

	SUM-III INTERSESSION						
*Required Information	F!4 N	M.I.	*Ct-l Ct#	*Di			
*Last Name:	First Name:	M.I.	*Social Security #	* <u>Phone#</u> Home			
	*Address		*Birth Date:	Cell			
				Monda			
Street			*Student Classification:	Work			
City	State	Zip	Freshman O	Company of March			
Oity	State	Ζιμ	Sophomore O Junior O	Semester and Year you plan to complete your Program at Paine.			
			Senior O	Sem Year			
*DEGREE: (BA or BS) AND	PROGRAM OBJECTIVE (MAJOR	1	*V.A. FILE NUMBER	E-MAIL ADDRESS:			
Complete if Applicable: Tran	nsfer Student	20013					
	nsient Student   Have you com		5? Yes □ No □				
			Semester Yes	ar			
If you did not attend Pain	e College last semester, please ir	ndicate your status: Ne	ew Student 🛛 Former Student 🛭	<u> </u>			
		VA CHAPTER ELIC	GIBILITY				
	Please select y	our status and the ch	apter you are eligible for.				
Eligibility Status	igibility Status <u>Chapters</u>						
Active Duty		30 (New GI Bill (Montgomery GI Bill)					
Dependent Child/S	oouse	31 (Vocational Rehabilitation)					
Reservist		32 (Veterans Educational Assistance Program)					
<del></del>							
1606 (New GI Bill - Selected Reserve)							
	1067 (Activated Reservists After September 11, 2001)						
			·				
READ AND SIGN STATEMENT BELOW							
I understand and accept my obligation to comply with Paine College and VA regulations, policies, and procedures as stated in the							
current College catalog, VA literature and Department of Veterans Affairs publications, and I will notify the Campus VA Certifying							
Official promptly of any change in my status (withdrawal from class, change of address, withdrawal from school, etc.) that might affect my receipt of VA educational benefits.							
iny receipt or via educa	donal benefits.						
	Signature			Date			

For further information please contact Gayle McLaughlin, VA Certifying Official at 706 821-8301