# VETERANS INFORMATION FORM

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

## Required Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.I.</th>
<th>Social Security #:</th>
<th>Phone#:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Birth Date:</th>
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<table>
<thead>
<tr>
<th>Street</th>
<th>Student Classification:</th>
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<tbody>
<tr>
<td></td>
<td>Freshman</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

## DEGREE: (BA or BS) AND PROGRAM OBJECTIVE (MAJOR)

<table>
<thead>
<tr>
<th>V.A. FILE NUMBER</th>
<th>E-MAIL ADDRESS:</th>
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</thead>
</table>

Complete if Applicable:

- Transfer Student □ From what School?
- Transient Student □ Have you completed VA Form 19-995? Yes □ No □

Last Semester and Year you attended Paine College using VA Education Benefits: Semester ______ Year ______

If you did not attend Paine College last semester, please indicate your status: New Student □ Former Student □

## VA CHAPTER ELIGIBILITY

Please select your status and the chapter you are eligible for.

### Eligibility Status

- Active Duty
- Dependent Child/Spouse
- Reservist
- Veteran
- Voc-Rehab

### Chapters

- 30 (New GI Bill (Montgomery GI Bill))
- 31 (Vocational Rehabilitation)
- 32 (Veterans Educational Assistance Program)
- 33 (The Post-9/11 Veterans Educational Assistance Act of 2008)
- 34 (Old GI Bill)
- 35 (Dependents Educational Assistance Program)
- 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.

___________________________
Signature

___________________________
Date

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

Revised: 7/23/2014