



# University of Alaska Southeast Veterans Services

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## Request to Begin VA Benefits

### STUDENT INFORMATION

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ UA Student ID#: \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Degree Program \_\_\_\_\_  
Ex: BA Undecided

### BENEFIT TYPE FROM NEW STUDENT CHECKLIST (SELECT ONLY 1 BENEFIT TYPE)

- Post 9/11 GI Bill® (check appropriate block below)
  - I am a Veteran or Reservist who has served at least 90 days of Active Duty service for purposes other than training after 09/10/2001. (Chapter 33)
  - I am Active Duty, have served at least 90 days of Active Duty service after 09/10/2001 and have consulted with my Education Officer\* (Ch. 33 Active Duty)
  - I am a spouse  I am a child of a veteran/service member who assigned a portion of their Post - 9/11 GI Gill® (Ch. 33) benefit to me
- Montgomery GI Bill® (check appropriate block below)
  - I am a Veteran (Chapter 30)
  - I am Active Duty and have consulted with my Education Officer\* (Ch. 30 Active Duty)
- I am an active Reservist and have included my NOBE\* (Ch. 1606)
- I am a Reservist who served active duty (Ch.1607)
- I am a dependent of a veteran who is deceased or 100% disabled\* (Ch. 35) (complete sponsor ID below)
  - Spouse  Child . . . Sponsor's SSN/VA File Number \_\_\_\_\_

\*A VA Certificate of Eligibility replaces the need for supporting documentation

### APPLICATION COMPLETED (SELECT ALL THAT APPLY)

- I have completed a new application for VA Educational Benefits at [www.va.gov](http://www.va.gov)
- I have submitted my certificate of eligibility to UAS.
- I previously applied for VA Educational Benefits while previously attending UAS or attending another school. I authorize UAS to notify the VA Regional Processing Office that I have changed schools.

I understand that I will be funded only for classes that are specifically required for my degree program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_