

## VA Education Benefit Enrollment Certification

All Veterans new to Elmhurst College must complete this form

Contact information:

Student ID#: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Student level (circle one) Undergraduate Graduate Major \_\_\_\_\_

**Have you received VA educational benefits before?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**When and where did you last receive VA educational benefits?**

\_\_\_\_\_

**Please check your VA Benefit Category**

____ Chapter 30	Montgomery GI Bill Active Duty
____ Chapter 31	Vocational Rehabilitation
____ Chapter 33	Post 9/11 GI Bill
____ Chapter 35	Survivors and Dependents Educational Assistance Program VA file# _____
____ Chapter 1606	Montgomery GI Bill-Reserve Duty
____ Chapter 1607	Reserve Educational Assistance Program

**Please submit the following forms**

\_\_\_\_ DD214  
\_\_\_\_ Certificate of Eligibility for VA Benefits

**You must Notify our Office of:**

- **Changes in your schedule**
- **Changes in your program or major**
- **Withdrawal, dismissal, activation**

**Agreement and signature**

By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. Overpayments may also be created by students dropping or withdrawing from classes during the term. Elmhurst College will continue to automatically certify your enrollment to the VA until you notify us that you want us to stop.

Note: VA will correct overpayments by subtracting the amount in question from subsequent payments.

Name(printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_