

VETERANS ENROLLMENT FORM

Full name (print) _____

Address _____
City State Zip Code

GHC ID#: _____ Program of Study _____

Email Address _____ Phone # _____

Are you currently on Active Duty? Yes No Is this the first time using benefits? Yes No

Are you the Veteran? Yes No using Dependent benefits? Yes No or Spouse benefits? Yes No

If you are NOT the Veteran, but will be using benefits as a dependent or spouse of a veteran, provide the
VA File # of the Veteran: _____

Are you a TRANSIENT STUDENT? Yes No If yes, list your home school _____

What type of benefits are you using?

____ Chapter 33 - POST 9/11 GI BILL ____ % ____ Chapter 35 -DEA Spouse/Child Benefits
____ Chapter 30 Montgomery GIBill MGIB-AD ____ Chapter 31-VAVR
____ Chapter 1606 Selected Reserve MGIB-SR ____ Tuition assistance, contact Business Office

Please list the term and the number of semester hours you are requesting to receive VA benefits:

Semester

Planned Semester Hours

*** EACH SEMESTER, a copy of this form must be submitted to the GHC VA Representative. Failure to complete this form will result in cancellation of VA certification and benefits received. If you have any questions about the details of your benefits, contact the VA Office at 1-888-442-4551. Any changes made to your planned semester hours should be reported to va@highlands.edu**

I give GHC the authority to certify my enrollment with the Dept. of Veterans Affairs for Education Benefits.

Signature : _____ Date _____