KANSAS WESLEYAN UNIVERSITY

Office of the Registrar, PH285, 100 E. Claflin, Salina, KS 67401
VA School Certifying Official: Jasmin Dauner, Registrar
P: (785) 833-4320| *F:* (785) 404-1485 | *E:* jasmin.dauner@kwu.edu

Request for Enrollment Certification for VA Educational Benefits

Please submit this form prior to the first semester for which you wish to receive benefits while attending KWU. Your benefits will be renewed automatically each subsequent semester during which you attend KWU, however if changes should be made to your information or plan or you withdraw from KWU and return, this form must be resubmitted to update your information.

Last Name, First Name _____ SSN _____ Student ID _____

Are you currently on Active Duty? Yes ☐ No ☐

Have you completed your VA App? Yes ☐ No ☐ **Please send a copy of the VA "Certificate of Eligibility" letter with this form.**

Are you a veteran or a dependent of a veteran? _____

If you are a dependent, please answer the questions below:

Qualifying Veteran's first and last name _____

Qualifying Veteran's social security number (SSN) or VA file number _____

Have you used VA Educational benefits at another school? Yes ☐ No ☐
If yes, please update your program and place of training online at https://www.va.gov/education/how-to-apply/

Please indicate which educational benefit you expect to receive while attending KWU:

- ☐ **Chapter 30**: Montgomery GI Bill Active Duty (VA File=SSN, Payee=00)
- ☐ **Chapter 31**: Veteran Readiness and Employment (VR&E) (VA File=SSN, Payee=00)
- ☐ **Chapter 32**: Veterans Educational Assistance Program
- ☐ **Chapter 33**: Post 9/11 GI Bill (VA File=SSN, Payee=00)
  - If chapter 33, what percent of benefits do you qualify for? _____
  - Are you receiving chapter 33 benefits under the Fry Scholarship? ☐ Yes ☐ No
- ☐ **Chapter 35**: Survivors and Dependents Educational Assistance (VA File=Service member's SSN, Payee=2 numbers, 1 letter based on which dependent is using the benefit) i.e. 41A 45E 49I, etc.
- ☐ **Chapter 1606**: Montgomery GI Bill Selected Reserve (VA File=SSN, Payee=00)
- ☐ **Chapter 1607**: Reserve Educational Assistance Program (VA File=SSN, Payee=00)

I certify that the information in this form is true and correct and I understand that:

1. I must inform the School Certifying Official if I wish to discontinue the use of my benefits during any term of attendance at KWU.
2. Any change in information must be reported to the SCO within 14 calendar days of that change.
3. Any change to my information or enrollment may impact the amount of benefit that I qualify for and therefore may cause me to owe a debt to KWU or the VA and I am personally liable for any amount of debt incurred due to such changes.
4. I am personally liable for any cost incurred at KWU that is not covered by the VA.
5. Even if my tuition is fully covered by my VA benefits, it is to my advantage to complete a FAFSA (Free Application for Federal Student Aid) each year (**completing a FAFSA will help determine if you are eligible for additional grants or loans that could help with living expenses and other educational expenses while you are attending KWU).
6. I authorize Kansas Wesleyan University to exchange necessary enrollment, academic progress, and billing information with the U.S. Department of Veterans Affairs for the purpose of processing my educational benefits.
7. I understand that dropping or withdrawing from classes, changing my major, or failing to attend classes may result in an overpayment to the VA and a debt that I am responsible for repaying.

Signature: _____ Date:_____