



Registrar's Office
V.A. Certifying Official
Phone: 541.684.7229
Fax: 541.684.7311
Email: registrar@bushnell.edu

Bushnell University
REQUEST FOR VETERAN EDUCATIONAL BENEFITS

Name _____ SSN ***-**-_____ VA File # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____

Email _____

Program: Daytime Undergraduate Online Graduate Studies

Intended Major: _____

First time using VA benefits Yes No

Specify the type of veteran educational benefit you are requesting:

- Chapter 30 (G.I. Bill/Active Duty) Chapter 1606 (G.I. Bill Reserve/Nat'l Guard)
- Chapter 31 (Voc Rehab) Chapter 1607 (G.I. Bill Reserve/Nat'l Guard-Active Duty)
- Chapter 33 (Post 9/11 GI Bill) McChord Air Force
- Yellow Ribbon - *If you have 100% eligibility with Chp 33, we recommend checking this box*
- Chapter 35 (Vet's Survivors/Dependants) Other _____

Specify the number of credits you plan to register for in your program:

- Full Time (12+ Credits Undergrad; 6+ Credits Grad) Half Time (6-8 Credits Undergrad; 3 Credits Grad)
- 3/4 Time (9-11 Credits Undergrad; 4 Credits Grad) 1/4 Time (5 Credits or less Undergrad; 2 or less Grad)

Indicate the semester(s) (and year) that you will be attending Bushnell

- FALL TERM SPRING TERM SUMMER TERM

The signature below authorizes the Bushnell University Certifying Official to release information regarding benefits and enrollment to the Department of Veteran's Affairs and other offices involved with processing and monitoring benefits.

I understand that any assistance indicated above may result in a reduction of my financial aid award and/or may require repayment of financial aid already received. I further understand that it is my responsibility to provide grade reports to VA officials if required. By signing this document, I certify that all the information reported to qualify for VA Benefits is true and accurate. I understand that if this document is incomplete, my benefits may be delayed.

Printed Name

Student ID Number

Student Signature

Date

Office use only: Financial Aid Office _____ Registrar's Office: _____ Business Office: _____
VA Once: _____ PowerFAIDS update _____ Jenzabar updated: _____