

VETERANS BENEFITS: CERTIFICATION REQUEST

In order to certify your enrollment for Veterans Benefits—also known as *VA Certification*—this form must be completed and submitted with a copy of your *Certification of Eligibility*. Your enrollment will be based on the number of hours you are registered for at the time this form is submitted and is subject to being reviewed and adjusted (should your enrollment change) at the beginning of the semester.

If you need a copy of your *Certification of Eligibility* or need to apply to receive benefits, please contact your VA Liasion or submit the <u>Veterans On-Line Application</u> (search *VONAPP*).

To process this form, *all sections* must be completed either electronically or with blue or black ink and it must be legible. Incomplete or illegible forms will not be processed.

Section A: Student Information			
Student's Name:	Student ID: Date of Birth://		
Social Security Number:			
Current Address: Street Number Street Name	Apt. City		State Zip
Current Phone Number: ()			
Email:	Alt. Email(optional):		
Section B: Enrollment Information			
Degree Program (Major):	Classification:		
Semester of Enrollment: Year	Year of Enrollment: Hour		rs Enrolled:
Are you a Visiting Student at HSSU?	Yes No		
Section C: VA Information			
Are you the Veteran recipient or the depend	lent thereof?	Vetera	n Dependent
If you are the dependent of a Veteran, what	is the Veteran's SSI	N?	
Chapter of Benefit Receiving:			
Have you received VA Benefits while attend	ling HSSU before?	Yes	No
Are you currently serving on Active Duty?		Yes	No
Is your current location (check one):	Domestic	Foreign	Military Overseas
Section F: Acknowledgment and Signature			
By signing this form, you are certifying that all information provide complete and accurate information can delay the certiformation can lead to consequences including but not limit	rtification process, and	that providing fa	
Student Signature:	Last 4	SSN:	Date: