

SHIPPENSBURG UNIVERSITY, DEPARTMENT OF VETERANS BENEFITS

WINTER 2024 APPLICATION FOR VETERANS' ENROLLMENT CERTIFICATION

FORM MUST BE SUBMITTED TO VETAFFAIRS@SHIP.EDU OR DELIVERED TO MOWREY HALL 207.

PERSONAL INFORMATION:

YOUR NAME: _____ SUID: _____ SSN: _____

LOCAL ADDRESS: _____

SHIP EMAIL ADDRESS: _____ CELL PHONE: _____ ALT EMAIL ADDRESS: _____

MAJOR: _____ ARE YOU A CONTINUING, TRANSFER, FIRST-TIME BENEFITS USER: _____

GRADE LEVEL (Undergrad, Grad, Non-Degree (2 semesters only) or Certification): _____

VA EDUCATION BENEFITS (CHECK ONE):

___ Chapter 30 – Active-Duty Montgomery GI BILL

___ Chapter 33 – Post 9/11 Montgomery GI Bill – (Active Duty time after 9/11/01)

___ Chapter 1606 – Reservist or National Guard (Never deployed to active duty)

___ Chapter 1607 – Reserve Education Assistance Program (REAP) – (on Active-duty deployment)

___ Chapter 35 – VA Education Benefits: VA Claim Number _____ SPOUSE ___ DEPENDENT

Name and SSN of person transferring benefits to you: Name _____ SSN _____

___ Chapter 31 – Veterans Readiness and Employment (VR&E) – Former Voc. Rehab

Are these your military benefits? ___ YES ___ NO *If NO transfered from ___ PARENT ___ SPOUSE

Which military branch were you in: ___ ARMY ___ AIR FORCE ___ NAVY ___ MARINES ___ COAST GUARD *Or which branch was the person transferring benefits in

___ Number of **planned** credits for WINTER 2024

___ If a new student, number of credits you will be transferring to Shippensburg University

(Student's Signature)

(Date)

FOR DEPARTMENT USE ONLY	
<input type="checkbox"/>	Certificate of Eligibility on File
<input type="checkbox"/>	Veterans Instate Tuition Review
<input type="checkbox"/>	Confirmed credit count
<input type="checkbox"/>	Folder
<input type="checkbox"/>	Documents Printed
<input type="checkbox"/>	Certification Complete
<input type="checkbox"/>	Re-Certification & Credit Check Complete