



Illinois State University
Veterans and Military Services
Request for Veterans Benefits



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|---|--|---|--|
| 1. Name: Last, First, MI | | 2. University ID Number: - - | |
| 3. SSN: - - | | 3a. VA File #: CH. 35 ONLY - - | 4. E-mail: |
| 5a. Local Address (Should match address on file with University): STREET CITY STATE ZIP PHONE # USE <input type="checkbox"/> S ADDRESS FOR VA PURPOSES | | | |
| 5b. Permanent Address: STREET CITY STATE ZIP PHONE # <input type="checkbox"/> USE THIS ADDRESS FOR VA PURPOSES | | | |
| 5c. Is this an address change from what is on record with the V.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE CONTACT THE REGIONAL OFFICE IN ST. LOUIS TO UPDATE YOUR RECORDS.</i> | | | |
| 6. <input type="checkbox"/> Prior Active Duty Branch _____ <input type="checkbox"/> Guard or Reserve <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard Reserve Branch _____ | | 7. Select education benefit being applied for: <input type="checkbox"/> PRIOR ACTIVE DUTY G.I. Bill, Ch 30 <input type="checkbox"/> POST 9/11 GI Bill, Ch 33 <input type="checkbox"/> RESERVES and NATIONAL GUARD GI Bill, Ch 1606 <input type="checkbox"/> ACTIVATED RESERVES and NATIONAL GUARD GI Bill, Ch 1607 <input type="checkbox"/> VOC REHAB, Ch 31 <input type="checkbox"/> DEPENDENT, Ch 35 <input type="checkbox"/> POST 9/11-TRANSFER OF ENTITLEMENT, Ch 33 | |
| 8. Have you received benefits before? <input type="checkbox"/> YES <input type="checkbox"/> NO | 8a. If YES, at what institution did you last receive benefits? SEMESTER/YEAR If NO, have you applied for benefits? | 8b. If you last received benefits from another institution other than ISU, do you wish to change your place of training to Illinois State University? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 9. Semester applying for: SEMESTER/YEAR | 10. How many credit hours do you request to be paid for? | 11. ARE YOU CONCURRENTLY ENROLLED AT ANOTHER UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO | 11a. If YES, Where: _____ How many hours: _____ |
| 12. What is your current major? | | 12a. Has your major changed since last semester? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 13. At the beginning of the semester for which you are applying, will you have 100 credit hours or more? (Undergraduates only) <input type="checkbox"/> YES <input type="checkbox"/> NO | | 13a. Have you applied for Graduation? <input type="checkbox"/> YES <input type="checkbox"/> NO Term Applied: _____ | |
| 14. Are you enrolled in any repeat classes? <input type="checkbox"/> YES <input type="checkbox"/> NO | 15. Are you enrolled in any credit/no credit (remedial) classes? <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. Are you enrolled in any pass/fail (Student Option) classes? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 17. Are you taking an internship this semester? (DOES NOT INCLUDE STUDENT TEACHING OR ON CAMPUS INTERNSHIPS) <input type="checkbox"/> YES <input type="checkbox"/> NO | | 18. Are you taking an independent study this semester? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 19. Do you wish to request advance pay-that is August & September benefits payments received on first day of classes? Not available to Post 9/11 recipients. (FALL ONLY; DEADLINE JUNE 30.) <input type="checkbox"/> YES If yes, you must sign Advanced Payment Form that signifies you understand this policy. <input type="checkbox"/> NO | | | |

STUDENT'S RESPONSIBILITIES

Read these statements carefully!

They contain important information about your Veterans Benefits.

- It is your responsibility to complete a Request for Benefits in Moulton Hall 112 **every semester** you wish to receive benefits. You should do so as soon as you have registered for classes to prevent a delay in payments.
- The VA **does not pay** for courses in which WX or NC (non-punitive) grades were received. When a WX or NC grade is recorded, the change in hours is submitted to the VA and may result in an overpayment. If Chapter 33, you may be required to repay tuition/fee payments received for these courses.
- **Chapter 33** recipients are responsible for any overpayment of VA benefits incurred as a result of a change in enrollment; i.e. increase or decrease in enrolled hours after start of term or receipt of WX or NC grade.
- A repeat course may be paid for if it was failed the first time taken. A repeat course may also be paid for if a "D/F" was earned and a grade of "C" or higher is required for your major.
- If a student fails all courses, instructors are contacted to determine last date of activity in courses. Last date is reported to the VA and student will be responsible for repayment of all benefits received that term.
- It is your responsibility to notify this office immediately of:
 - Any changes to your course schedule including withdrawal from any or all classes.
 - Any change of major.
 - Any change of your address or phone number.
 - Receipt of No Credit grade.
 - Receipt of any grade that does not count toward your graduation in a repeated course.
 - Receipt of a final grade that does not count toward graduation for any course in which a grade of "I" (incomplete) or "DE" (deferred) was initially assigned.

PRIVACY ACT STATEMENT: In accordance with Public Law 93-579, Privacy Act of 1974, the information furnished above will be used to process your claim for VA benefits and to provide information to all parties within the Office of Veterans Services as deemed necessary within the limits of the Law. Disclosure of this information is voluntary and although no penalty will be imposed for non-disclosure, it could result in a delay and/or non-receipt of benefits.

Your signature on this form confirms that you wish to receive benefits as requested on page 1 and that you fully understand and agree to comply with the responsibilities listed above.

Signature:

Date:

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FOR OFFICE USE ONLY

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Veteran Councilor Initials:

Date:

Remarks: