

VIRGINIA WESLEYAN COLLEGE

V.A. BENEFITS

VETERANS FORM

SEMESTER _____

Name _____

Phone _____

Address: _____

SSN _____

VA Claim # _____

___ Check here if address is new

Check VA Status: Inactive Duty Active Duty

Check VA Benefit Program:

Montgomery GI Bill - Ch 30

Dep. & Survivor - Ch 35

Montgomery GI Bill/Vietnam - Ch34/30

Voc. Rehab - Ch 31

Montgomery Reservist - Ch 1606

Returning Students only:

1. Have you changed your degree since last registered at VWC? Yes No

2. Are you attending classes at another institution while attending VWC? Yes No

If yes and you wish to be certified for those classes, you must speak with the
Certifying Official at VWC.

3. Current Degree Program: _____ Advisor _____

New Students Only:

1. Is this your first time using VA Educational Benefits? Yes No, when was the
last time you used them and where _____

2. List all previous colleges/universities you have attended.

3. Current degree program at VWC: _____ Advisor _____

SUBMIT A COPY OF YOUR REGISTRATION ALONG WITH THIS FORM EACH SEMESTER. PCP