$ \underbrace{N E B R A S K A}_{W E S L E Y A N} $	VA Education Benefits Information
STUDENT NAME:	
STUDENT SOCIAL SEC #:	
For <u>Chapter 35 Benefits ONLY</u> – Veteran's File #:	·
Veteran's Name:	
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL:	PHONE:
VA Program of Eligibility: □ Chapter 33 (Post 9/11 GI Bill) 100% Eligible*? □ Yes □ No □ Chapter 30 (Montgomery GI Bill-Active Duty after July 1, □ Chapter 1606 (Montgomery GI Bill-Selected Reserves and 1 □ Chapter 1607 (REAP – Service in Iraq or Afghanistan) □ Chapter 35 (Dependents and Survivors Educational Assistan □ Chapter 31 (Vocational Rehabilitation) □ Chapter 32 (VEAP – Veteran's Educational Assistance Prog	National Guard)
*NOTE: Nebraska Wesleyan participates in the Yellow Ribbon students.	n Program (for students at 100% eligibility) for up to 50 undergraduate
Have you received VA education benefits at another of	college or university?
If yes, where?	
Are/will you be on Active Duty when enrolled at NWU	U? $\Box$ Yes $\Box$ No

If you haven't yet applied for eligibility, please do so immediately at: https://www.ebenefits.va.gov/ebenefits. Form 22-1995 (or 22-5495 if Chapter 35) is required if transferring from another institution where benefits were used. Eligibility and application questions can be directed to the VA at: 888–442–4551 or www.gibill.va.gov.

By signing I request enrollment certification for use of Veteran's Education Benefits at Nebraska Wesleyan University, and give NWU permission to provide enrollment, schedule, grades, and other needed information to the appropriate VA and/or state or federal agencies as required. I acknowledge it is my responsibility to apply for eligibility with the VA and be aware of my eligibility and benefits. Once this form and the COE (or Statement of Benefits) are received by NWU, I understand Nebraska Wesleyan's certifying official will submit enrollment information to the VA for the upcoming and subsequent terms, and it is my responsibility to verify eligibility with the VA and to follow requirements set forth by the VA.

Student Signature	Date	
Submit this form along with copy of Certif	cate of Eligibility (COE) or Statement of Benefits to:	
Re	gistrar's Office	
Nebraska	Wesleyan University	
Smith-Curtis 206   5000	St. Paul Ave.   Lincoln, NE 68504	
FAX: 402-465-2565   E	MAIL: registrar@nebrwesleyan.edu	