VA Educational Benefits Request Form 2019-2020

Saint Anselm College
100 Saint Anselm Drive
Manchester, NH 03102
Phone: (603) 641-7110 Fax: (603)656-6015

This form must be completed and returned to the Office of Financial Aid. Benefits will be processed after the second week of classes. Failure to submit this form will result in the delay of receipt of benefits. VA benefits will not be requested on your behalf until this form is submitted to the Office of Financial Aid and the semester has begun.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Street Address City State Zip Code

Phone: _____ Email Address: _____

Social Security #: _____ Student ID #: _____

TYPE OF BENEFITS

___ Chapter 30
___ Chapter 31
___ Chapter 35 VA File #: _____ (Dependents only—must complete)
___ Chapter 30
___ Chapter 33

SEMESTER ENROLLMENT

___ Fall 2019: indicate number of credits enrolled: _____

___ Spring 2020: indicate number of credits enrolled: _____

___ Summer 2020: indicate number of credits enrolled: _____

Are you repeating or auditing any classes during the Fall 2019 or Spring 2020 semester? ___ Yes ___ No
If yes, indicate which courses are audit or repeat _____

ALL APPLICANTS – Read and Sign

I certify that the information on this form is correct to the best of my knowledge and that I will be enrolled at Saint Anselm College as indicated above. In the event that I withdraw or change credit loads, I agree to report the change to the Saint Anselm College Office of Financial Aid.

I have read, understand and agree to the above.

Signature: _____ Date: _____
(actual signature required)