

VA Educational Benefits Request Form 2017-2018

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 during the first week of the fall semester. Failure to submit this form will result in the delay of receipt of benefits. VA benefits will not be requested on your behalf unless this form is submitted to the Office of Financial Aid.

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 2017: indicate number of credits enrolled: _____

____ Spring 2018: indicate number of credits enrolled: _____

Are you repeating or auditing any classes during the Fall 2017 or Spring 2018 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 am 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: _____