

Application for Veteran Education Benefits



UNIVERSITY of DENVER

OFFICE OF THE REGISTRAR

Personal Information	Full Name:			
	Student ID #:		Social Security #:	
	Date of Birth:		VA File #:	
	Mailing Address:			
	City, State, Zip Code:			
	Phone Number:		Email:	

Degree Information	Date First Enrolled:		Expected Graduation Date:	
	Degree Being Pursued:			
	Major:		Concentration:	

VA Status	<i>Please indicate the chapter of benefits you intend to receive.</i>		
	<input type="checkbox"/>	Chapter 30 – Montgomery GI Bill (please provide a DD214 copy if discharged)	
	<input type="checkbox"/>	Chapter 32 – VEAP (please provide a DD214 copy if discharged)	
	<input type="checkbox"/>	Chapter 33 – The Post-9/11 Veteran	
<input type="checkbox"/>	Chapter 33 – Yellow Ribbon Program		
<input type="checkbox"/>	Chapter 33 – John David Fry Scholarship		
<input type="checkbox"/>	Chapter 35 – Dependent of a Veteran		
<input type="checkbox"/>	Chapter 1606 – Select Reserve (please provide a NOBE if available)		
<input type="checkbox"/>	Chapter 1607 – Reserve Educational Assistance Program (REAP)		
	Are you currently on Active Duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you applying for benefits as a dependent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By signing below I acknowledge that I have received and have read the Statement of Understanding issued by the University of Denver. I further acknowledge that any changes in enrollment that will alter my training time will be reported to the University of Denver Certifying Official within 72 hours.

Signature: _____

Date: _____