

**UNIVERSITY OF WASHINGTON TACOMA
APPLICATION FOR VETERANS EDUCATIONAL BENEFITS**

NAME: _____ STUDENT ID #: _____

VA FILE #: _____ SSN (if different from VA#): _____

MILITARY BRANCH AND SEPERATION DATE: _____

"FOR DEPENDENTS ONLY" MILITARY BRANCH OF SPONSOR: _____

FOR DEPENDENTS: CHILD ___ SPOUSE ___

BENEFIT CHAPTER: 30__ 32__ 35__ 30__ 1606__ 31__ 33__ 33TOE ___

HAVE YOU BEEN MATRICULATED? YES NO

PROGRAM OF STUDY: _____

CONCENTRATION: _____

ADDRESS: _____ HOME/CELL PHONE: _____

_____ EMAIL ADDRESS: _____

HAVE YOU USED YOUR VA BENEFITS AT A PRIOR INSTITUTION? YES NO

I declare that the information provided in this application is accurate and hereby apply for VA benefits at the University of Washington Tacoma.

STUDENT SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Office of Veteran and Military Services at the University of Washington Tacoma to access and release the following information:

Grades, fees, attendance and other pertinent information to be used for veterans educational benefits processing only.

STUDENT SIGNATURE _____ DATE: _____

UNIVERSITY OF WASHINGTON TACOMA
OFFICE OF VETERAN AND MILITARY SERVICES
<http://vabenefits.vba.va.gov/vonapp/main.asp>

ORIENTATION WORKSHEET (please initial after each statement)

Name: _____ Student ID: _____

1. I understand that I **must** submit a request to use my VA benefits on a quarterly basis. I can submit this request via the certification request link on the VMRC web page after I have registered on MyUW. If I do not submit a certification request, I will not be certified until I have done so thus delaying my BAH and book stipend. _____

2. To be certified for continuing benefits at the University of Washington Tacoma, I understand that I must declare a concentration and submit a ***degree outline***. This must be reviewed by my adviser and turned in to the Office of Veteran and Military Services before my third quarter at the University of Washington Tacoma. _____

3. I understand that, if I do not already have 15 credits hours of upper division classes, I can be certified for up to 15 credit hours of classes in the department I am matriculated into or am applying for. _____

4. I understand that I will only be certified for classes that apply to my degree. _____

5. I understand that if I do not maintain satisfactory progress in my program (which includes maintaining a cumulative GPA of at least 2.0), my educational benefits will be suspended in accordance with the policies of the Department of Veterans Affairs. _____

6. I understand that I need to report any changes in my address, phone number, program of study, or quarter course loads to the Office of Veteran and Military Services to avoid any interruption of benefits. _____

7. I understand that the receipt of a non-punitive grade (i.e., W-withdrawal, I-incomplete, V-discontinued, N-audit, R-repeat class, U-no credit class, or X-no grade posted) are not payable. Since these grades are posted after benefits have been received, I will be responsible to DVA for repayment of those benefits. _____

Student's Signature: _____ Date: _____