

# Office of Financial Aid Veteran Information Form



Please complete this form to enroll in VA Educational Benefits at Atlanta Technical College. To ensure proper benefits are received in a timely manner, please submit your **Certificate of Eligibility** and **VA Education Benefits Statement of Understanding** with this form. This form must be completed each academic year you wish to utilize Veteran Educational Benefits. Failure to provide this information may delay the processing of your VA Educational Benefit.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 ATC ID: \_\_\_\_\_ Major: \_\_\_\_\_ Dip/Cert/Degree: \_\_\_\_\_  
 ATC Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 VA File Number: \_\_\_\_\_

**Student Type:**  New Student  Continuing Student  Transfer Student  Transient Student

**Semester & Year to begin/restart Benefits**  Fall  Spring  Summer Year: \_\_\_\_\_

**Have you received benefits at another institution?**  Yes  No  
**YES**-have you completed VA form 22-1995 or 22-5495?  Yes  No  
 (This form is required for transfer students receiving benefits at a new institution).  
**NO**-If no, have you applied for benefits?  Yes  No

**Please list all prior training below (including military training):**

Institution Name	Have you submitted an official transcript to Enrollment Services?	Institution Name	Have you submitted an official transcript to Enrollment Services?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Montgomery GI Bill® Chapter that I am requesting to receive benefits under:**

- (CH 33) Post 9/11® (veterans, please provide a copy of your DD214 Member 4)
- (CH 30) (Montgomery GI Bill®)  (VRAAP) Veteran Rapid Retraining Assistance Program
- (CH 1606) Select Reserves  (CH 1607) REAP
- VR&E (CH 31) VRC Name: \_\_\_\_\_ VRC Email: \_\_\_\_\_
- (CH 35) Survivors and Dependents Sponsor Veteran Name: \_\_\_\_\_  
 Sponsor Veteran File Number: \_\_\_\_\_ - Payee # \_\_\_\_\_

I understand that I am responsible for confirming that all payments due to the college are paid. I am also responsible to reimburse the VA for any overpayment made by the VA.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_