

## **Veterans Benefits Information Form**

## **GRADUATE & CONTINUING EDUCATION**

LEGAL FIRST NAME	MIDDLE NAME	LAST NAME	ID	
STREET		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	HOME PHONE	CELL PHON	NE
		LEVEL: ☐ Undergraduate ☐ Graduate		
PROGRAM		_		
Which chapter benefits are you Have you previously received b  If YES, please see the followin  1. Submit form 22-1995 "Re  • You are a Chapter 35 s • You are a Chapter 31 s authorization.  • You are a Chapter 33 s sure this is the chapter  If NO, please see the followin; 1. Submit form 22-1990 ("A  • You are a Chapter 35 s  2. Are you still active?  Y  • If YES:  ○ Form 22-1990 must  ○ Are you Active Rese  ■ If YES, submit "No  3. Have you (ever) been di  • If YES, submit all DD21  4. Have you never served in spouse?  Yes No  ○ If YES:  ■ Submit form 22-549 a. You must provide b. You must provide  5. Do you have a service co	enefits?  Yes  No g points: equest for Change of Program or tudent: submit form 22-5495 ins tudent: do not submit either form tudent: once you have chosen the you want to choose. g points: pplication for Educational Benefit tudent then submit form 22-549 es  No be signed by the Education Servi rves or National Guard (signed 6 tice of Eligibility" (NOBE) from y scharged? Yes  No 4 forms. In the active military or reserves, on the active military or reserves, on the payee's number (usually liste nnected disability rated by the No Minnesota GI Bill (for MN resider ond apply online at <a href="http://www.gg">http://www.gg</a> MN GI Bill, you will also be requi	Place of Training" unless tead. m. Instead, contact your Vocational his chapter it is irrevocable to make a his") unless o instead.  ce Officer of your military unit. fyr. contract with unit & actively dr your Unit.  but are a dependent with eligibility  A and want to apply for Vocational his and active-duty personnel static	Rehabilitation case many change to another change to another chapter illing)?   Yes Now have the properties of the prope	anager for napter. Please be parent or oter 31)? served after
Note: Some forms listed above a	are available online through the \	VA at <u>www.va.gov/vaforms</u> .		
I, my Veteran Education Benefits f	or the term of my degree progra	_ (print full legal name), give Northw m or until otherwise directed by me	vestern College permis 	sion to process
STUDENT SIGNATURE			DATE	
Form can b		ing Education, 3003 Snelling Ave N, faxed to: 651-628-3369	St. Paul, MN 55113	
	FOR OFFICE USE	<b>ONLY:</b> □ Records Assistant		