

CERTIFICATION REQUEST: Abington Campus

Submit to: Penn State Abington
VA Certifying Official
106 Sutherland Building
Abington, PA 19001

www.abington.psu.edu/veterans
www.equity.psu.edu/veterans
Office: (215) 881-7348
FAX: (215) 881-7655

**Abington Campus
ONLY**

NAME: _____ **PHONE:** _____

MAILING ADDRESS (for letters, forms, and checks from the VA): _____ **ALT. PHONE:** _____

_____ **E-MAIL ADDRESS:** _____

(PLEASE NOTIFY THE VA IMMEDIATELY IF YOU HAVE A CHANGE OF ADDRESS)

**** Changes in enrollment WILL affect your benefit. Consult with a counselor BEFORE making any changes. ****

MAJOR / PROGRAM:
SOCIAL SECURITY NUMBER:
VA FILE NUMBER (Chapters 31 & 35)
PSU ID:

<u>PROGRAM</u>		<u>VA EDUCATIONAL BENEFITS</u>	
Certificate	<input type="radio"/>	Post 9/11 GI Bill (Chapter 33)	<input type="radio"/>
Associate	<input type="radio"/>	Montgomery GI Bill:	<input type="radio"/>
Bachelors	<input type="radio"/>	Active Duty (Chapter 30)	<input type="radio"/>
Masters	<input type="radio"/>	Selected Reserves (Chapter 1606)	<input type="radio"/>
		REAP/Reserve Educational Assistance Program (Chapter 1607)	<input type="radio"/>
		Dependents Educational Assistance Program (Chapter 35)	<input type="radio"/>
		Vocational Rehabilitation (Chapter 31)	<input type="radio"/>

<u>ENROLLMENT STATUS</u>	
Non-Degree	<input type="radio"/>
Degree	<input type="radio"/>

Are you currently on active duty? Yes No If yes, are you receiving Federal Tuition Assistance (FTA)? Yes No
Do you have a service connected disability? Yes No
Have you applied for your benefits with the VA through VONAPP/Application for VA Educational Benefits via mail? Yes No
Have you ever used your benefits previously? Yes No If yes, where/when? _____
If changing schools or campus locations, have you submitted a VA Form 22-1995 "Change of Program or Place of Training" form? (this is available on our website) Yes No

****THIS SECTION IS FOR POST 9/11 (CHAPTER 33) STUDENTS ONLY: ****
We must receive your Certificate of Eligibility (C of E) in order to credit your account appropriately.
Are you submitting your C of E with this form? Yes No If no, was it submitted to us previously? Yes (when? _____) No
If you have not yet received your C of E, on what date did you submit your Application for VA Educational benefits? (via mail or online through VONAPP at www.gibill.va.gov) _____

ALL STUDENTS: Which semester will you be using VA education benefits? Please indicate Year and Semester below:
Year: _____
Circle one: Fall Spring Summer
How many credits to you plan to take this semester? _____
Do you plan to graduate this semester? Yes No

Remarks (for Office use) AFJV

Student Signature _____ **Date** _____