



# Veteran's Enrollment Certification Request Form

Vantage Career Center  
818 N Franklin, Van Wert, OH 45891  
419-238-5411, ext. 2110  
Fax 419-238-4058

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Last) (First) (Middle)  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
VA File Number (Chapter 35 only) \_\_\_\_\_

**Check as appropriate:**

- \_\_\_\_\_ First-time applying for VA Educational Benefits
- \_\_\_\_\_ Previously used VA benefits at another school
- \_\_\_\_\_ Previously used VA benefits at Vantage

**Program of Enrollment:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Are you Requesting Evaluation of past education or work experience for Prior Credit: Yes or No**

**Type of Educational Assistance Program (check one):**

- \_\_\_\_\_ **Chapter 1606** (Member of Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve and Coast Guard Reserve, and the Army National Guard and the Air National Guard).
- \_\_\_\_\_ **Chapter 1607** (Reserve Education Assistance – REAP - members of the Reserve components called or ordered to active duty in response to a war or national emergency (contingency operation) as declared by the President or Congress.
- \_\_\_\_\_ **Chapter 30** Montgomery GI Bill®
- \_\_\_\_\_ **Chapter 31** Veteran Readiness and Employment (VR&E)
- \_\_\_\_\_ **Chapter 32** Veterans Educational Assistance Program (VEAP)
- \_\_\_\_\_ **Chapter 35** Survivors' and Dependents' Education Assistance (DEA)
- \_\_\_\_\_ **Chapter 33** Post-9/11 GI Bill®
- \_\_\_\_\_ **Chapter 33** Transfer of Entitlement (TOE) of GI Post 9/11 benefits to spouse or dependent children

Unsure of your benefits? Go to VA.GOV or call 1-800-442-4551

**I verify that I am enrolled in the program listed above at Vantage Career Center and will promptly notify the Financial Aid Office of any changes with my enrollment.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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For Office Use Only

Date Received Request: \_\_\_\_\_

Date Certification was submitted: \_\_\_\_\_