

Information Sheet for Claiming Veterans – TC4900A

SMU ID: _____ **SSN:** _____

Name: _____
(Last) (First) (Middle)

Local Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ **SMU Email:** _____

Are your VA benefits paid under the Fry Scholarship? Yes No
Will you be receiving Tuition Assistance? Yes No (If yes, please attach a copy.)
Will you be receiving any employment-based aid or assistance? Yes No

Term (in which benefits will begin): _____

You will receive benefits as a (please check one):

- Chapter 1606, Montgomery GI Bill, Selected Reserve
- Chapter 1607, Reserve Educational Assistance Program (REAP)
- Chapter 30, Montgomery GI Bill
- Chapter 31, Disabled Veteran
- Chapter 32, Veterans Educational Assistance Program (VEAP)
- Chapter 33, Post 9/11 GI Bill
Percentage of Eligibility _____ **Date Entitlement Ends** _____
Months of Entitlement left _____
Has another institution certified you under Chapter 33 for the current academic year? Yes No
- Chapter 35, Survivors' and Dependents' Educational Assistance Program (DEA)
VA Claim Number is required: _____
- Active Duty

Level of Study (Bach/Master): _____ **Major:** _____

Have you ever received benefits? Yes No
Is this your first term to receive benefits at SMU? Yes No
List all post-secondary schools, other than SMU, you've attended:

Date Attended	Institution

PLEASE READ CAREFULLY & SIGN.
I understand that overpayment of benefits may occur if I change the number of hours enrolled or if I withdraw from the University. **It is my responsibility to immediately notify the VA Certifying Official upon any reduction or increase in hours, or termination of enrollment.**

(Signature) (Date)