

# Veterans Educational Benefits

## Declaration of Intent – New and Returning Students

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First (last 6 digits on BACK of Mount ID)

Academic Year: Fall \_\_\_\_\_ (year) to Spring/Summer \_\_\_\_\_ (year)

Semester(s) you wish to use VA benefits (check all that apply):  Fall  Spring  Summer

The use of this form confirms your desire to receive VA educational benefits for the semester(s) specified. Upon receipt of this completed form, enrollment verifications will be processed. Failure to complete and return this form indicates that you do **not** wish to receive VA benefits for the semester. *If this is your first time using benefits at the Mount, you must include a copy of your VA Certificate of Eligibility.*

<b>Military Status (check one):</b> <input type="checkbox"/> Active duty member of any of the US Armed Forces <input type="checkbox"/> Veteran or former active duty member of any of the US Uniformed Forces <input type="checkbox"/> Reserve duty member of any of the US Armed Forces, including the National Guard <input type="checkbox"/> Spouse or dependent child of an active, reserve, or former member of the US Uniformed Forces <input type="checkbox"/> None of the Above	<b>Benefit being used (check one):</b> <input type="checkbox"/> Post-9/11 GI Bill <input type="checkbox"/> Vocational Rehabilitation & Employment <input type="checkbox"/> Montgomery GI Bill – Active Duty <input type="checkbox"/> Montgomery GI Bill – Selected Reserve <input type="checkbox"/> Reserve Educational Assistance Program <input type="checkbox"/> Post-Vietnam Era Educational Assistance Program <input type="checkbox"/> National Call to Service <input type="checkbox"/> Survivors' and Dependents' Educational Assistance
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Has your contact information changed since your last certification?  Yes  No If YES, please note changes below:

_____	_____
Street Address	Home Phone
_____	_____
City State Zip	Work/Mobile Phone
_____	_____
Email Address:	

**\*NOTE:** For uninterrupted benefits report address changes to the Department of Veterans Affairs (800-827-1000).

### With my signature I acknowledge the following requirements:

- All persons receiving VA educational benefits are required to attend classes on a regular basis.
- All courses that are not successfully completed must be reported to the Veterans Administration. **I will notify my SCO if I add courses after the first day of the fall/spring/summer term, if I drop or withdraw from a course, withdraw from the college, or make other changes that would affect my VA payment status.**
- I will notify the VA if I change degree programs (major).
- All certified courses must be required to complete my educational goal that has been approved by the VA.

<b>Return form to:</b> Christopher Weber School Certifying Official (SCO) Mount St. Mary's University 16300 Old Emmitsburg Road Emmitsburg, MD 21727 Email: <a href="mailto:cweber@msmary.edu">cweber@msmary.edu</a> Tel: 301-447-5215 Fax: 301-447-5811
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Student Signature Date