Veterans Educational Benefits

Declaration of Intent – New and Returning Students

Name: ___________________________ Student ID #: ___________________________

Last Name: __________ First Name: __________
(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.

Military Status (check one):
□ Active duty member of any of the US Armed Forces
□ Veteran or former active duty member of any of the US Uniformed Forces
□ Reserve duty member of any of the US Armed Forces, including the National Guard
□ Spouse or dependent child of an active, reserve, or former member of the US Uniformed Forces
□ None of the Above

Benefit being used (check one):
□ Post-9/11 GI Bill
□ Vocational Rehabilitation & Employment
□ Montgomery GI Bill – Active Duty
□ Montgomery GI Bill – Selected Reserve
□ Reserve Educational Assistance Program
□ Post-Vietnam Era Educational Assistance Program
□ National Call to Service
□ Survivors’ and Dependents’ Educational Assistance

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.

Return form to:
Christopher Weber
School Certifying Official (SCO)
Mount St. Mary’s University
16300 Old Emmitsburg Road
Emmitsburg, MD 21727
Email: cweber@msmary.edu
Tel: 301-447-5215
Fax: 301-447-5811