

Eureka College
Veterans and Military Services
Request for Veterans Benefits Form

Office of Financial Aid
300 East College Avenue
Eureka, IL 61530
309-467-6310
www.eureka.edu

Name: Last, First, MI				Eureka Student Sonis ID Number	
SSN: - -		VA File #: CH. 35 ONLY - -			
Local Address (Should match address on file with Eureka College/Sonis): STREET CITY STATE ZIP				<input type="checkbox"/> USE THIS ADDRESS FOR VA PURPOSES PHONE #	
Permanent Address if not the same as above: STREET CITY STATE ZIP				<input type="checkbox"/> USE THIS ADDRESS FOR VA PURPOSES PHONE #	
Is this an address change from what is on record with the V.A.? <i>IF YES, PLEASE CONTACT THE REGIONAL OFFICE IN ST. LOUIS TO UPDATE YOUR RECORDS.</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	

SELECT THE VA EDUCATIONAL BENEFIT YOU ARE ELIGIBLE FOR:

- CH 30 Montgomery (Prior Active Duty) GI Bill®
- CH CH1606 Montgomery (Reserves and National Guard) GI Bill®
- CH 1607 Activated Reserves and National Guard - Reserve Educational Assistance Program (REAP)
- CH CH35 Dependent's Educational Assistance - VA file# _____ Payee # _____
- CH CH31 Vocational Rehabilitation
- CH 33 Post-9/11 GI Bill® Note: Attach Certificate of Eligibility for first time certification only

Have you received VA benefits before? _____ If yes, list most recent college with semester/year: _____
Are you concurrently enrolled at another college? _____ If yes, list college: _____
Semester applying for VA benefits? <i>(list semester and year)</i> _____
What is the number of credit hours your are enrolled or pre-enrolled in for the semester applying for benefits? _____ <i>(Your credit hours will be submitted to the VA for certification. If you are requesting to be paid for less # of hours, please indicate that number.)</i>
What is your current major? _____
Are you enrolled in any repeat classes? YES NO
Are you enrolled in any credit/no credit (remedial) classes? YES NO
Are you enrolled in any pass/fail classes (student option)? YES NO
Are you taking an internship this semester? (Does not include student teaching) YES NO
Have you applied for graduation? YES NO

Please be advised it is the student's responsibility to submit this completed form prior to the start of the semester to be certified in a timely manner. It is the student's responsibility to submit any changes in enrollment during the semester as soon as they occur. This worksheet/form **MUST** be completed each semester.

APPLICATION CONTINUED ON BACK>

