Veterans’ Educational Benefits Request Form
Edward Via College of Osteopathic Medicine

All students must submit a new request form for each term (fall and spring) that they intend to utilize veterans’ educational benefits.

**Student Information:**

Payee Number (Ch. 35 only): _______________________

Name (Last, First, MI): _______________________________________________________________________

VCOM Email: ___________________________________

Status: ___D.O. Program ___Graduate Certificate Pre-Med Program

Term: ___Fall or ___Spring Year Requested: _________________

Are you repeating a course? ___Yes ___No If yes, which course(s): __________________________________________

If you will be receiving or have applied to any scholarship(s) please list name(s) below:

______________________________________________________________________________________________

______________________________________________________________________________________________

**Benefit Information:**

Please select your current military status: ___Active Duty ___Veteran ___National Guard/Reservist ___Dependent

Have you used educational benefits at VCOM before? ___Yes ___No *If “No”, submit a Certificate of Eligibility.

Have you used educational benefits at another institution? ___Yes ___No *If Yes, submit a Certificate of Eligibility and a Change of Program or Place of Training (VA Form 22-1995)

Select the educational assistance programs you intend to use:

☐ Chapter 33 (Post 9/11 GI Bill) ☐ Chapter 30 (Montgomery GI Bill)

☐ Chapter 35 (Survivors’ and Dependents/DEA) ☐ Chapter 1606 (Montgomery GI Reserve)

☐ Chapter 31 (Vocational Rehabilitation) ☐ Chapter 1607 (REAP)

Has your Chapter changed? ___YES ___NO

*I acknowledge that the information provided on this form is correct. I will contact the Registrar’s Office immediately if I receive a scholarship from any source. I further understand that scholarship(s) may affect my VA benefits. I am responsible for repayment should that occur.*

Signature: ________________________________ Date: ______________________________

**Office Use Only:**

Date Request Received: _______ Certificate of Eligibility: _____________ Date Hours Certified: _______

Tuition-only Scholarships Total: _______ Date: ___________ Signature: _________________________________

Business Office: _______________ Date: ___________ Signature: _________________________________