

CERTIFICATION REQUEST to Allegheny College

Office of Financial Aid
520 N. Main Street
Meadville, PA 16335

Fall 2020/Spring 2021

Fax: 814-332-2349
Phone: 800-835-7780
Email: fao@allegheny.edu

STUDENT'S NAME: _____

HOME PHONE: _____

MAILING ADDRESS: _____

CELL PHONE: _____

ALT. PHONE: _____

EMAIL: _____

NOTE: Please notify **VA IMMEDIATELY** if you have a change of address

MAJOR
* must declare a major by third enrollment period

PROGRAM
Bachelor's Degree

VA EDUCATIONAL BENEFIT
Forever GI Bill (Chpt. 33)

SOCIAL SECURITY NUMBER

- Yellow Ribbon (Y / N)

Montgomery GI Bill:

VA FILE NUMBER

- Active Duty (Chpt. 30)

- Selected Reserves (Chpt. 1606)

ALLEGHENY COLLEGE ID:

ENROLLMENT STATUS

Dependents Educational Assistance Program (Chpt. 35)

Non-Degree
Degree

Vocational Rehabilitation and Employment program (Chpt. 31)

Are you currently on Active Duty? Yes No

Is the VA education benefit for: Veteran Dependent of a Veteran

Have you submitted your application to VA via www.vets.gov? Yes No

If yes, which application:

“Application for VA Educational Benefits”

“Change of Program or Place of Training”

How many credits do you plan to take FALL of 2020? _____

Anticipated Graduation Date from Allegheny College: _____

How many credits do you plan to take SPRING of 2021? _____

Initials and Signature Required for First/Original VA Certification(s)

____ (Initial) *ALL STUDENTS WILL BE **AUTOMATICALLY CERTIFIED EACH SEMESTER UNLESS WRITTEN NOTIFICATION IS SUBMITTED TO FINANCIAL AID PRIOR TO ENROLLMENT PERIOD INDICATING A DIFFERENT DIRECTIVE** (Leave of Absence, Transfer to another institution, decline benefit, etc.)

____ (Initial) *ALL STUDENT **MUST DECLARE A MAJOR BY YOUR THIRD ENROLLMENT PERIOD** (or before the start of your Sophomore Year) **IN ORDER TO RECEIVE VA BENEFITS** (per VA Audit Requirements).

____ (Initial) *ALL STUDENTS MUST **IMMEDIATELY NOTIFY THIS OFFICE OF ANY CHANGES IN ENROLLMENT** (per VA Audit Requirements).

____ (Initial) *ALL STUDENTS WHO WISH TO PARTICIPATE IN A **STUDY ABROAD PROGRAM MUST DO SO DURING THEIR JUNIOR YEAR ONLY** AND IT MUST BE A **REQUIREMENT OF YOUR DECLARED DEGREE** (per VA Audit Requirements).

Student Signature _____

Date _____