



For Official Staff Use Only		
Received On:	VA Prom Note:	First Semester:
Received By:	VA Map Hold:	New or Transfer:

Purpose: To obtain information pertaining to **NEW** veterans or dependents intending to use VA Education Benefits and correctly input data into the necessary systems for academic registration, VA certification, and military reporting.

NEW - Veteran/Dependent VA Education Benefits' Admission Form

Applicant Information:

CAC Student ID #880- _____ - _____ Social Security # _____ - _____ - _____

VA File # (CH 35 ONLY): _____ I am a : SPOUSE ____ CHILD ____

First Name: _____ Middle Initial ____ Last Name: _____

Phone Number: _____ DOB: _____ Branch of Service: _____ or NA (dependents)

Home Address: _____

City: _____ State: _____ Zip Code: _____

CAC Email Address: _____ @stu.centralaz.edu

Secondary Email Address: _____

VA Education Benefits:

I am requesting benefits under the following Chapter:

CH 33 Post 9/11 GI Bill at _____ % These are my benefits: Yes ____ No ____ (if no, indicate relationship below)

These CH33 benefits were transferred to me and I am a: SPOUSE ____ CHILD ____

CH30 Montgomery GI BILL _____ CH31 Vocation Rehabilitation GI BILL _____

CH35 Dependent and Survivor's Assistance (DEA) ____ and I am a: SPOUSE ____ CHILD ____

CH1606 Selected Reserve/Guard _____ CH1607 Reserve Educational Assistance (REAP) _____

Please be aware that CH1606 an CH1607 cannot be used at the same time as Military Tuition Assistance (TA)

I have applied for my VA Education Benefits through Vets.gov: Yes ____ No ____

Date applied for Benefits: _____ I have received my Certificate of Eligibility (COE): Yes ____ No ____

Creation and responsibility for form and information obtained:

*Veteran Services Department Signal Peak Campus, 8740 N. Overfield Road Coolidge, AZ 85128 Phone: 520-494-5517
Veteran Education Benefits website centralaz.edu/va*

Transcripts- Military Training and Prior College:

Only veterans must submit official Military transcripts. Veterans and dependents must list and provide all prior colleges, universities, trade schools, or post-secondary education institutions' official transcripts to CAC by your second semester or benefits may be discontinued.

VETERANS: List military/branch of service, (ex: USA, USMC, etc.), on the first line and all other colleges previously attended where VA Education was used. Write "NONE" if no previous colleges, universities, trade schools etc., were attended.

Name of School	Requested Date	Received Date	Evaluation Date

****I certify that all institutions I have previously attended are listed above and I will request an official academic transcript to be sent to CAC Admissions Department. A copy of the Joint Service Transcripts from the Military for my time of service will also be given to the SCO for VA purposes. I understand failure to provide all official transcripts to CAC could result in an overpayment from the Department of Veterans Affairs and/or cause an interruption of my VA Education benefits.****

Signature: _____

Date: _____

Semester Term:

___ Spring (Jan – May) ___ Summer (June – Aug) ___ Fall (Aug – Dec) Year: 20___

Campus:

Please check the campus you plan to primarily attend and/or receive student service support from:

___ Signal Peak Campus ___ San Tan Campus ___ Aravaipa Campus
 ___ Maricopa Campus ___ Superstition Mountain Campus

Degree or Certificate Program:

VA Education Benefits cover the cost of classes that apply to a specific program of study. By registering for classes that do not apply to my program, courses will not be certified, therefore the cost (tuition and fees) are the responsibility of the student.

Check the degree or certificate below you plan to pursue: (T = Transfer degree to university)

- ___ AEE –AA in Elementary Edu (T) ___ ABUS Associate of Business (T) ___ AGS – Associate in General Stu (T)
- ___ AA –Associate of Arts (please list specific program , if applicable) _____
- ___ AS – Associate in Science (please list specific program, if applicable) _____
- ___ AAS – Associate of Applied Sciences (please list specific program) _____
- ___ Certificate (please list specific program) _____