



# UNIVERSITY of MONTEVALLO

OFFICE OF VETERAN & MILITARY AFFAIRS

## 2021-2022 REQUEST FOR VA CERTIFICATION

Submit to Veterans Center, vetmil@montevallo.edu, (205) 665-6472

Name \_\_\_\_\_  
 UMID \_\_\_\_\_ VA File Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/Mobile \_\_\_\_\_  
 Email \_\_\_\_\_  
 Classification  FR  SOPH  JR  SR  GRAD  
 Program/Major(s) \_\_\_\_\_  
 Concentration(S) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Select the semesters for which you want to use benefits this academic year

Fall 2021  Spring 2022  Summer 2022

Select all roles that apply to you this academic year

<input type="checkbox"/> <b>Veteran</b> , Branch: _____	<input type="checkbox"/> <b>Spouse</b> , Branch: _____	<input type="checkbox"/> <b>Dependent</b> , Branch: _____
<input type="checkbox"/> <b>Disabled Veteran</b> , Branch: _____	<input type="checkbox"/> of Active Duty/Currently	<input type="checkbox"/> of Active Duty/Currently
<input type="checkbox"/> <b>Currently Serving</b> , Branch: _____	Serving	Serving
<input type="checkbox"/> Active Duty	<input type="checkbox"/> of a Veteran	<input type="checkbox"/> of a Veteran
<input type="checkbox"/> National Guard	<input type="checkbox"/> of a Disabled Veteran	<input type="checkbox"/> of a Disabled Veteran
<input type="checkbox"/> Reserve		
<input type="checkbox"/> ROTC		

Select all the benefits you will use this year

<input type="checkbox"/> Alabama GI Dependent Scholarship	<input type="checkbox"/> CH 1606, Selected Reserve, MGIB-SR
<input type="checkbox"/> CH 30, Montgomery GI (MGIB-AD)	<input type="checkbox"/> Fry Scholarship
<input type="checkbox"/> CH 31, VocRehab (VR&E)	<input type="checkbox"/> Tuition Assistance (TA)
<input type="checkbox"/> CH 33, POST 9/11 GI BILL	<input type="checkbox"/> Alabama National Guard Education Assistance
<input type="checkbox"/> CH 33, Post 9/11/YELLOW RIBBON	Program (ANGEAP)
<input type="checkbox"/> CH 35, DEA	<input type="checkbox"/> Other: _____

Student Statement of Understanding

- The information above will be shared with the VA Educational Benefits division.
- My enrollment certifications and amendments will be sent electronically through VA Once.
- I must report all changes to my schedule or my major to the School Certifying Official.
- All changes to my enrollment may alter the benefits received from the VA.
- I am liable for any overpayment that I might receive from the VA or UM.
- I am responsible for any resulting balance on my student account from VA adjustments.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_