

Verification of Enrollment for VA Educational Benefits

Full Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Holmes ID: _____ SSN: _____

Service member SSN: _____ Service member Full Name: _____

Preferred Contact Method: _____
Phone number or Email

VA Education Benefit Chapter Information: (Check One)

<input type="checkbox"/>	Chapter 33 Post 9/11	<input type="checkbox"/>	Chapter 30 Montgomery G.I. Bill
<input type="checkbox"/>	Chapter 1606 Reserve National Guard	<input type="checkbox"/>	Chapter 35 Dependent
<input type="checkbox"/>	Chapter 31 Veteran Readiness & Employment		

Veteran Readiness & Employment Counselor Email Address: _____

Veteran Readiness & Employment Counselor Telephone Number: _____

Major: _____

Number of credit hours you plan to enroll in for the upcoming term or semester? _____

Graduating this term? Yes _____ No _____ Anticipated Graduation Date: _____

Out of State Resident? Yes _____ No _____

Please Mark Which Semester and Write/Type in Year Requesting Benefit For: (single semester per form)

_____ Fall _____ Spring _____ Summer _____

Chapter 1606 and Chapter 33 service members only

Are you applying for SEAP? Yes _____ No _____

Are you applying for FTA? Yes _____ No _____

Student Signature: _____ Date: _____

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Chapters 30, 33, 35, 1606	Stephanie Thrasher	662.472.9028	sthrasher@holmescc.edu