



The College of William and Mary  
 Office of the University Registrar  
 Blow Memorial Hall – Room 124  
 P.O. Box 8795  
 Williamsburg, VA 23187-8795  
 (757) 221-2800 Fax: (757) 221-2151  
 vabenefits@wm.edu

## VA BENEFITS INFORMATION SHEET

(VA will use this information when processing benefits)

Name: \_\_\_\_\_ ID Number: **93** \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_  
Street Address, Apt #                      City                      State                      Zip

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alt. Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Student Level:       Undergraduate                       Graduate                       Non-Degree Seeking

Student Social Security Number (this is required for VA to process benefits): \_\_\_\_\_

**\*Required for Chapter 35 ONLY\*** Parent VA File Number/Social Security Number: \_\_\_\_\_

**Student VA Status---Please choose one:**

**Post 911 (Chapter 33)**

- \_\_\_\_\_ Active Duty
- \_\_\_\_\_ Veteran
- \_\_\_\_\_ Dependent (Spouse)
- \_\_\_\_\_ Spouse on Active Duty
- \_\_\_\_\_ Dependent (Child)

**Other VA Benefits**

- \_\_\_\_\_ Active Duty (Ch 30)
- \_\_\_\_\_ Veteran (Ch 30)
- \_\_\_\_\_ Dependent (Ch 35)
- \_\_\_\_\_ Reservist or National Guard (Ch 1606)
- \_\_\_\_\_ REAP (Ch 1607)
- \_\_\_\_\_ Vocational & Educational (Ch 31)

Have you used educational benefits before?  YES     NO

If yes, you must also complete and submit a Request for Change of Program or Place of Training form which is available online at [www.gbill.va.gov](http://www.gbill.va.gov).

In which semester do you wish to begin using VA benefits: \_\_\_\_\_

**I understand that I am ultimately responsible for my William & Mary tuition bill regardless of the VA educational benefits for which I am eligible or any temporary tuition memos that I may receive.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only :**

<input type="checkbox"/> COE Received <input type="checkbox"/> Assigned YR# (if necessary) <b>OR</b> <input type="checkbox"/> Copy of VONApp <input type="checkbox"/> Copy of DOD Transfer Memo	_____ Added to Spreadsheet _____ Vet ID# SPAIDEN _____ Added in VA ONCE
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