



William & Mary  
Office of the University Registrar  
Blow Memorial Hall Room 240  
P.O. Box 8795  
Williamsburg, VA 23187-8795  
(757) 221-2800 Fax: (757) 221-2151  
vabenefits@wm.edu

# VA BENEFITS INFORMATION SHEET

**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 or Spouse VA File and Payee Number: \_\_\_\_\_

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

**Post 9/11 (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 VR&E (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.gibill.va.gov](http://www.gibill.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) <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Copy of VONApp <input type="checkbox"/> Copy of DOD Transfer Memo  <input type="checkbox"/> Education Enrollment Status/Entitlement Information Received <b>OR</b> <input type="checkbox"/> Statement of Benefits Sheet Received <input type="checkbox"/> For UG/VET/AD = MREG	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Added to Spreadsheet <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Vet ID# SPAIDEN <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Added in VA ONCE
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Revised: 1/8/2021