



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: _____ W&M ID #: **93** _____
Last First Middle

Mailing Address: _____
Street Address, Apt #, P.O Box City State Zip

Student Mobile #: (_____) _____ Home Telephone #: (_____) _____

Student Level: ☐ Undergraduate ☐ Graduate ☐ Non-Degree Seeking

Student VA Status---Identify your benefit as the student.

Please choose one

Post 9/11 GI Bill® (Chapter 33) Benefit:

Other VA Educational Benefits:

____ Active Duty

____ Active Duty (Ch 30)

____ Veteran

____ Veteran (Ch 30)

____ Dependent (Spouse)

____ Dep. Educational Assistance (Ch 35 - Dependent or Spouse)

____ Spouse on Active Duty

____ Reservist or National Guard (Ch 1606)

____ Dependent (Child)

____ REAP (Ch 1607)

____ Veteran Readiness & Employment VR&E (Ch 31)

Have you used educational benefits before? ☐ YES ☐ NO

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

By signing this:

- I understand I am ultimately responsible for my W&M tuition bill regardless of the VA educational benefits for which I am eligible or any temporary tuition memos that I may receive.
- I understand this form covers my first semester only at W&M to use the benefit, and I must respond to the VA School Certifying Official's (vabenefits@wm.edu) e-mail each semester I plan to use the benefit.
- For Chapter 33 students only: I understand I must submit to W&M Student Accounts/Bursar's Office (bursar@wm.edu) once an academic year a signed W&M's [Financial Responsibility Agreement](#).

Signature: _____
(No font signature)

Date: _____

FOR OFFICE USE ONLY:

☐ COE Received ☐ Assigned YR# (if necessary)

OR

☐ Copy of VONApp ☐ Copy of DOD Transfer Memo

☐ Education Enrollment Status/Entitlement Information Received

OR ☐ Statement of Benefits Sheet Received

☐ For UG/VET/AD = MREG

____ Added to Spreadsheet

____ Vet ID# SPAIDEN

____ Added in Enrollment Manager

____ VA File # (Student)

____ Ch 35 VA File Payee Number

Revised: 7/2025