



## Veteran's and Dependent's Information Form for Student's Receiving VA Educational Benefits

If you plan to receive VA Educational Benefits from Cal Maritime, please complete this form in its entirety and return it to the Student Records Office.

Name of Student \_\_\_\_\_

Major \_\_\_\_\_ BA  
\_\_\_\_\_ GSMA  
\_\_\_\_\_ MT  
\_\_\_\_\_ FET  
\_\_\_\_\_ MET  
\_\_\_\_\_ ME

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Are you a \_\_\_\_\_ veteran OR \_\_\_\_\_ dependent of a veteran

If a veteran, are you currently on Active Duty? \_\_\_\_\_ NO \_\_\_\_\_ YES

- If no, please attach a copy of your DD 214 Date of Discharge \_\_\_\_\_
- If yes, indicate approximate Date of Discharge \_\_\_\_\_

### Check appropriate chapter:

- \_\_\_\_\_ Chapter 30 Montgomery GI Bill - Active Duty
- \_\_\_\_\_ Chapter 31 Vocational Rehabilitation
- \_\_\_\_\_ Chapter 33 Post-9/11 GI Bill (Effective 8/1/09)
- \_\_\_\_\_ Chapter 35 Survivor's and Dependent's Educational Assistance Program
- \_\_\_\_\_ Chapter 1606 Montgomery GI Bill – Selected Reserves
- \_\_\_\_\_ Chapter 1607 Reserve Educational Assistance Program

Have you received VA Educational Benefits in the past? \_\_\_\_\_ NO \_\_\_\_\_ YES

- **If NO**, have you submitted to the Veteran's Administration Form 22-1990 or 22-5490 Application for VA Education Benefits?
  - If yes, please provide a copy to the Student Records Office
  - If no, please complete the form, submit to the VA, then provide a copy to the Student Records Office
- **If YES**, have you submitted to the Veteran's Administration Form 22-1995 or 22-5495 Request for Change of Program or Place of Training?
  - If yes, please provide a copy to the Student Records Office
  - If no, please complete the form, submit to the VA, then provide a copy to the Student Records Office

Would you like to receive Advanced Pay for your first month of enrollment? \_\_\_\_\_ NO \_\_\_\_\_ YES  
(Requests for Advanced Pay must be submitted at least eight weeks prior to the start of initial semester)

Provide initials for Advance Pay \_\_\_\_\_

### Student Certification:

I certify that I have provided complete and accurate responses to all the items on this form. I further certify that all official documents submitted in support of my eligibility for VA Educational Benefits are authentic and unaltered records that pertain to me.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_