

KANSAS WESLEYAN UNIVERSITY

Office of the Registrar, PH285, 100 E. Claflin, Salina, KS 67401
VA School Certifying Official: Jasmin Dauner, Academic Services Coordinator
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Request for Enrollment Certification

For use with VA Educational Benefits

Please submit this form prior to the first semester for which you wish to receive benefits while attending KWU. Your benefits will be renewed automatically each subsequent semester during which you attend KWU, however if changes should be made to your information or plan or you withdraw from KWU and return, this form must be resubmitted to update that information.

Last Name, First Name	SSN	Student ID
VA File Number	Payee Number (see below for File and Payee Numbers)	Are you Currently on Active Duty? YES NO

Are you Currently a Guest Student? Yes No If yes:

Primary School:

State:

Have you completed your VONAPP? Yes No **Please enclose confirmation from the VA of your application approval.**

Have you used VA Educational benefits at another school? Yes No If yes, please enclose the [VA Form 22-1995](#)
If no, what is your election date: _____

With few exceptions, such as those eligible for Chapter 35 dependents, a student's social security number is assigned as the VA file number. See list below for more details.

Please indicate which educational benefit you expect to receive while attending KWU:

- Chapter 30:** Montgomery GI Bill Active Duty (VA File=SSN, Payee=00)
- Chapter 31:** Vocational Rehabilitation (VA File=SSN, Payee=00)
- Chapter 32:** Veterans Educational Assistance Program
- Chapter 33:** Post 9/11 GI Bill (VA File=SSN, Payee=00)
 - o If chapter 33, what percent of benefits do you qualify for? _____
 - o Are you receiving chapter 33 benefits under the Fry Scholarship? Yes No
- Chapter 35:** Survivors and Dependents Educational Assistance (VA File=9 numbers, no letters, Payee=2 numbers, 1 letter) i.e. 41A 45E 49I, etc.
- Chapter 1606:** Montgomery GI Bill Selected Reserve (VA File=SSN, Payee=00)
- Chapter 1607:** Reserve Educational Assistance Program (VA File=SSN, Payee=00)

I certify that the information in this form is true and correct and I understand that:

1. I must inform the School Certifying Official if I wish to discontinue the use of my benefits during any term of attendance at KWU.
2. Any change in information must be reported to the SCO within 14 calendar days of that change.
3. Any change to my information or enrollment may impact the amount of benefit that I qualify for and therefore may cause me to owe a debt to KWU or the VA and I am personally liable for any amount of debt incurred due to such changes.
4. I am personally liable for any cost incurred at KWU that is not covered by the VA.
5. Even if my tuition is fully covered by my VA benefits, it is to my advantage to complete a FAFSA (Free Application for Federal Student Aid) each year (**completing a FAFSA will help determine if you are eligible for additional grants or loans that could help with living expenses while you are attending KWU).

Signature: _____

Date: _____