



## Veterans and Dependents Benefits Information Form

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

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

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

Address \_\_\_\_\_

\_\_\_\_\_

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

Email Address \_\_\_\_\_

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
- \_\_\_\_\_ 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 Office of the Registrar
  - If no, please complete the form, submit to the VA, then provide a copy to the Office of the Registrar
- **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 Office of the Registrar
  - If no, please complete the form, submit to the VA, then provide a copy to the Office of the Registrar

### 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.

I authorize the release of information concerning my veterans benefits and enrollment status to Cal Maritime's Business Services and Financial Aid offices. I authorize all VA Certifying Officials and work-study personnel at Cal Maritime to act on my behalf and to exchange information with the VA and with other Veterans Affairs offices at which I have attended or will attend as required to insure correct benefit payments.

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