



Office Use Only  
 Date Received: \_\_\_\_\_  
 SFS Personnel Initials: \_\_\_\_\_

## Request for Certification of Educational Benefits

Name: \_\_\_\_\_ Student Number: A \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Term: \_\_\_\_\_

### *Benefit Type*

Are you currently eligible for Veterans Education Benefits?  YES or  NO

If so, which benefit are you currently eligible for? (Check Boxes)

<input type="checkbox"/> Alabama GI Dependents Scholarship	<input type="checkbox"/> Chapter 35
<input type="checkbox"/> Chapter 30 (MGIB)	<input type="checkbox"/> Chapter 1606
<input type="checkbox"/> Chapter 31 (VR&E)	<input type="checkbox"/> Chapter 1607
<input type="checkbox"/> Chapter 33 (Post 9/11)	

I have attached a current schedule of my "Active Registration."

By signing below, I understand that if I am a student receiving benefits under Chapters 30,33, 1606, or 1607, I must verify enrollment monthly to the VA either by contacting the office at (877) 823-2378 or online (WAVE) [www.gibill.gov](http://www.gibill.gov) and select Verify School Attendance.

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

\_\_\_\_\_  
 Date

Submit this completed form and your active registration to the SFS Office every semester. You may also submit via secure email to [financialaid@nwsc.edu](mailto:financialaid@nwsc.edu) or fax to 256-331-5228.

### *For Office Use Only*

Student Acknowledgement of Responsibilities Form signed and received: YES  or NO

Veteran's Transcript on file: YES  or NO

Certified Student: YES  or NO

SCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_