



Contact Information Form for VA Educational Benefits

This form must be completed using current mailing address, telephone number, and other relevant information of the student. This form must be submitted to the Veterans Resource Center (121 West, 1st floor, Office #1940) or emailed to the VA Certifying Official, Samuel Kim @ (kim@cpp.edu).

Name _____ **Bronco ID** _____
Last First Middle Initial

Street Address _____ **Telephone #** _____
City State Zip

Major/Plan _____ **Sub Plan/Option:** _____ **SSN** _____

Branch Of Service _____ **Email:** _____ **Are you a Dependent?** _____

Circle Which Apply

YES OR NO

Ch. 30 Montgomery GI Bill	Ch. 31 VR&E	Ch. 33 Post 9/11 GI Bill	Ch. 35 Dependents' Education Assistance (DEA)	Ch. 1606 Montgomery GI Bill Selected Reserve
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Undergraduate / Graduate _____ **Male / Female** _____

I have verified that information listed above to be accurate and true.

Student's Signature: _____ **Date:** _____

Please answer the following questions below. **Disclaimer: For data use only. Will not distribute to the public.**

1) How many days/months of benefits do you have remaining? _____

2) Do you have a Service-Connected Disability Rating?
 (Veterans Only) _____

3) Would you like to have Priority Registration? (Veterans & Service members Only) _____

4) Do you know what you're entitled to through the GI Bill
 (Ch. 30, 33, 31, 35, & 1606)? _____

A) If no, would you like more information? Please specify. _____