

STUDENT INTAKE FORM



Student's CCA ID Number

S

Student's Social Security Number

Student Club Interest

Are you interested in joining the Student-Led Organization for military-affiliated students? Yes No

Last Name

First Name

Branch of Service

Address

City

State

Zip Code

Phone

Email address – for use by VA

Benefit Information

Is this your first time using your benefits? Yes No

If "No" you must submit VA Form 22-1995 or 22-5495, Change of Program or Place of Training to VA.

Which VA education benefit are you using?

Servicemembers and Veterans	Dependents (Spouses and Children)
<input type="checkbox"/> Post 9/11 GI Bill® (Chapter 33) <input type="checkbox"/> Montgomery GI Bill® (Chapter 30) <input type="checkbox"/> Montgomery GI Bill® – Select Reserves (Chapter 1606) <input type="checkbox"/> Vocational Rehabilitation & Employment (Chapter 31) Please provide your case manager's email address (31 only): _____@va.gov	<input type="checkbox"/> Post 9/11 GI Bill® (Chapter 33) <input type="checkbox"/> Dependent's Educational Assistance (Chapter 35) Provide the Veteran's File Number (typically the Social Security Number for the qualifying veteran): _____

Education Information

Have you attended college previously? Yes No

Please list all colleges you have attended:

Please note: VA requires that we review all transcripts from your previous schools and your military transcripts. **Transcripts must be on file with Admissions, Registration, and Records no later than your third semester.** Certification of enrollment will not be reported if reviewed transcripts are not on file.