2024-2025
VA/GI Bill Parent Letter

Office of Scholarships and Financial Assistance
800 University Drive
Maryville, MO 64468
finaid@nwmissouri.edu
Office: 660-562-1363
Fax: 660-562-1674
Toll Free: 800-633-1175

Student Information

Last name _____ First name _____ Middle initial _____ Northwest 919 number _____

VA Benefits Chapter _____ Degree Program (Major) _____ Last Four of SSN _____

Secondary (Guest) School Information

School Name _____ VA Certifying Official Full Name _____ VA Certifying Official Email Address _____

Course information for Secondary (Guest) School:

The courses listed below have been reviewed, approved and planned into my degree program by a Northwest Missouri State University academic advisor.

Course Title	Course Number	Term	Credit Hours

Certification statement

By signing, I certify that all information reported is complete and accurate.

Student Signature (required) _____ Date _____

Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Northwest Office Use Only

☐ Approved

☐ Denied

Reviewed By: _____

Date: _____

Select all that apply:

☐ The above courses have been reviewed and approved by an academic advisor.

☐ The above courses are planned into the student's academic evaluation

☐ The above courses will transfer into the student's degree program.

☐ The above courses will round out the student's final enrollment or are required for a prerequisite