2019-2020 Veterans Enrollment Certification Request

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 _____

Address _____ City _____ State _____ ZIP _____ Phone Number _____

After you have registered, please complete this form each term to request enrollment certification for your Veterans benefits. Select all applicable categories and compete each appropriate section. If this is your first term using your benefits at Northwest, please provide a copy of your Certificate of Eligibility or Statement of Benefits. For first term Chapter 35 or Chapter 33 Transfer of Eligibility recipients, we will also need the Social Security Number of the Service Member who transferred their benefit to you.

1. Select the term you are requesting enrollment certification for (select ONE term).
   ☐ Fall 2019 ☐ Spring 2020 ☐ Summer 2020

2. Do you expect to use all remaining benefit eligibility prior to the end of the term selected above?
   ☐ Yes* ☐ No *If yes, our office will contact the VA to confirm remaining days of benefits.

3. Select the VA benefit you are eligible to receive for the term selected above (select ONE benefit).
   ☐ I receive Chapter 33 Post-9/11 GI Bill® and qualify to receive benefits at the _____% eligibility tier.
   ☐ I receive a non-Chapter 33 benefit and have selected my qualifying benefit below.
   - ☐ Chapter 30 Montgomery GI Bill®
   - ☐ Chapter 31 Vocational Rehabilitation
   - ☐ John David Fry Scholarship
   - ☐ Chapter 1606 Montgomery GI Bill® Reserves
   - ☐ Chapter 1607 REAP
   - ☐ Chapter 35 Dependents Education Assistance

4. Select your current military status or military affiliation for your VA benefit.
   - ☐ Veteran
   - ☐ Spouse/dependent of veteran
   - ☐ Active Reservist
   - ☐ Active Duty Soldier
   - ☐ Spouse/dependent of active duty solider
   - ☐ National Guard

Certification statement

By signing, I certify all information reported is complete and accurate. I have read and understand the following conditions:

- I certify that all classes I am enrolled in for this term are required for my degree program.
- I agree to update the Office of Financial Assistance if I change my enrollment after submitting this request.
- I understand that if I receive a tuition/fee restricted award, the VA will reduce the tuition and fee portion of my Chapter 33 benefits so the combination of tuition/fee restricted funds will not exceed my tuition and fees charges.
- For Chapter 30, 1606, and 1607 benefit recipients, attendance must be certified monthly by using the Web Automated Verification of Enrollment (WAVE) system or by calling the toll free number 877.823.2378.
- Discrepancies or incomplete information submitted to the School Certifying Official could delay certification or receipt of benefits.

_____ _____

Student Signature (required) Date

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