

# UNMC VA Benefits Certification Form

Please provide your NU ID. Do not use your SSN in the VA File Number box.

NU ID		Last Name*	First Name*	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 of SSN *	E-mail Address *		Please indicate any additional Military Educational Benefits you are receiving, e.g. state tuition assistance.	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Please provide your mailing address to be used for your VA Certification.

Mailing Address*	City *	State *	ZIP Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To insure that we process your VA Benefits correctly, we would like for you to confirm your anticipated enrollment for Fall, Spring, and Summer semesters. VA Benefits will be processed once enrollment is complete and all required documents are received.

VA Benefits to be used, e.g. Chapter 30, Chapter 33, etc.: *	<input type="text"/>
Military Status, e.g. active duty, spouse, dependent, etc. *	<input type="text"/>
Program of Study *	<input type="text"/>
Campus Location *	<input type="text"/>

Please indicate which semesters you would like to certify your VA education benefits:

Fall 2018 Semester Enrollment *	<input type="text"/>
Spring 2019 Semester Enrollment *	<input type="text"/>
Summer 2019 Semester Enrollment *	<input type="text"/>

### ADDITIONAL INSTRUCTIONS

I understand:

- If my enrollment changes for any semester, I am required to contact your office so you can certify those changes.
- If there are changes to my eligibility (i.e., exhaust Chapter 30 benefits and now need to apply for Chapter 33 benefits), I will submit all changes to your office.
- If I used my benefits at another institution, I am required to submit the Change of Program or Place of Training Form to your office.
- I am required to provide proof of VA Education Benefits (Letter of Certificate of Eligibility) to your office.
- This form is for the 2018/2019 academic year only.

*I hereby verify that the information I have provided above is correct to the best of my knowledge. I understand I must print then physically sign this form prior to submitting it to the UNMC Office of Financial Aid.*

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Mail Address:**  
UNMC Financial Aid - Meghan Moore  
984265 Nebraska Medical Center  
Omaha, Ne 68198-4265  
Fax: 402-559-6796  
Scan and Email: [finaid@unmc.edu](mailto:finaid@unmc.edu)