



ROBERTS
WESLEYAN COLLEGE



NORTHEASTERN
SEMINARY

Veteran Information Sheet

Veteran's Name _____ SS# _____

Branch of Military Service _____ Dates of Military Service _____

Student's Name _____ SS# _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

ID Number _____ Date of Birth _____

Email _____ Are you on active duty? _____

Will you use Tuition Assistance? _____ Please note: You will not be able to use Ch. 1606 or 1607 concurrently with Tuition Assistance.

Education VA Benefits apply for (Please Check One):

_____ Ch. 30- MGIB Active _____ Ch. 33-Post-9/11 GI Bill® _____ Ch. 1606-MGIB Reserves
_____ Ch. 31-Vocational Rehab. _____ Ch. 35-Dependent/Survivor _____ Ch. 1607-REAP Active Reserves

If you are eligible for Ch. 33-Post-9/11 GI Bill®, please list the % of eligibility. _____

Have you received VA benefits previously? ____ Yes ____ No If yes, at which college? _____

Please list all colleges attended: _____

College credits earned to date _____ List degree(s) earned _____

First term of enrollment at RWC or NES will be: 20____ Summer _____ Fall _____ Spring _____

Anticipated Program of Study at RWC or NES _____

It is the responsibility of each student to notify this office of any change in your schedule or school attendance. If you do not maintain a satisfactory level of academic progress toward a college degree your VA eligibility could be lost. I hereby certify that the facts stated above are true and correct to the best of my knowledge and I understand my responsibilities as a VA students.

Signature _____ Date _____

Julie Green, Registration Office, School Certifying Official (SCO)
Roberts Wesleyan College. Registration Office. 2301 Westside Drive Rochester. NY. 14624. 585.594.6220
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