



# Fall 2021 Veteran Benefit Certification Request

**Do not leave any fields blank.** This form cannot be completed in pencil. Missing information will delay the processing of your benefits.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_\_ AU ID \_\_\_\_\_ VA File# (Ch. 35 only) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

AU Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Degree Program:  BA  BSN  MA  MBA  EdD  Other: \_\_\_\_\_  
 BS  BSW  MS  MSW  DSW

Specify Major/Concentration: \_\_\_\_\_ I will live:  on campus  off campus

Anticipated Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_ 2021-2022 FAFSA:  Complete  Will file  Will not file

*I am requesting VA Educational Benefits under the following Chapter for the courses listed below:*

- Ch.30 (Montgomery GI)     Ch.31 (Voc Rehab)     Ch.32 (VEAP)     Ch.33 (Post 9/11)     Ch.35 (Dependent)     Ch.1606 (National Guard Reserve)     Ch.1607 (REAP)

Complete Name of Course	Course Number	Start & End Dates	Semester Hours	Online Course
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*\*Before dropping classes, please contact the Office of Financial Aid as this may result in you having to pay **ALL or a portion** of your benefits back to the VA.*

**STATEMENT OF UNDERSTANDING:** I understand it is my responsibility to inform the Office of Financial Aid of ANY changes in my enrollment and/or changes in the type of VA benefits I will be receiving while attending Aurora University. I understand it is my responsibility to verify my attendance with the VA on the LAST day of EACH month if I am receiving **Ch. 30, Ch. 1606, or Ch. 1607** benefits. I understand the VA will only pay for classes pertaining to my major as defined in the Aurora University catalog. I understand enrollment certifications will only be sent by the Office of Financial Aid to the VA after I am registered for a given semester. I understand final benefit determination is the sole responsibility of the VA.

Student Signature → **Must be drawn and not typed.**

Date

**To return this form:** Secure Document Uploader: [aurora.edu/submitfinancialforms](http://aurora.edu/submitfinancialforms)

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

**Questions:** Email: [financialaid@aurora.edu](mailto:financialaid@aurora.edu) | Phone: 630-844-6190

FAC21VCF  
12/2/20

*Note: Documents submitted via email cannot be accepted due to security reasons.*