University of Colorado at Denver & Health Sciences Center
APPLICATION FOR VA EDUCATION BENEFITS
(Health Sciences Center Students Only)

Name:_____ SS#/ VA File #_____

Address:_____
Street City State Zip

Telephone # _____ Date of Birth: _____ Program of Study: _____

In order to receive VA Education Benefits through our university, you must complete the following:

1) Apply for VA education benefits through the VONAPP system (www.gibill.va.gov)
   - If you have never used your VA education benefits, you must complete VA Form 22-1990 or 22-5490
   - If you have used your VA education benefits at another school or are changing programs, you must complete VA Form 22-1995 or 22-5495

2) Submit the UCDHSC Registration Form for VA Education Benefits
   - Include a copy of your DD214 or VA Certificate of Eligibility (VA Form 22-0557)
   - GME students must submit a copy of your Houseofficer Training Agreement

3) Certify your attendance/enrollment monthly using the WAVE system (www.gibill.va.gov) or call 1-877-823-2378

Please indicate the VA Educational Assistance Program you are applying under. Please refer to www.gibill.va.gov for eligibility requirements and monthly payment rates.

☐ Chapter 30: Montgomery GI Bill- Active Duty

☐ Chapter 30: Montgomery GI Bill- Selected Reserve

☐ Chapter 35: Survivor/Dependent Benefits

☐ Chapter 32: VEAP

☐ Chapter 1606: Selected Reserves

☐ Chapter 1607: Selected Reserves

☐ Chapter 31: Vocational Rehabilitation

☐ Other: _____

Please indicate the number of credit hours you anticipate taking for each term during the 2006-2007 academic year.

Summer 2006 _____ Fall 2006 _____ Spring 2007 _____ Summer 2007 _____

Please indicate the number of months you have remaining for VA education benefits: _____

STUDENT STATEMENT OF UNDERSTANDING

I understand that the university may not be held liable for an overpayment of VA benefits to a student in the case of willful or negligent failure to report changes, or false certification of enrollment or date of withdrawal. I also understand that I am required to immediately report changes in (1) enrollment or credit hours; (2) unsatisfactory academic progress or conduct; and (3) interruption or termination of attendance at the institution to both the UCDHSC VA Office and directly to the Veterans Administration.

I have read and understand the above and I certify that all of the information provided on this form is true and complete to the best of my knowledge. The school may verify the information provided by the student. **Please note: It is your responsibility to request our office to recertify you for VA benefits each academic year. You will not be automatically recertified.**

Signature:_____ **Date:** _____

CONTACT US:
Student Financial Aid Office / Office of Veteran's Affairs
4200 East Ninth Ave., Campus Box A088; Denver, Colorado 80262
Phone: 303-315-8364 Fax: 303-315-3350