



Veteran's Affairs

126 Clark Hall, 1060 South Drive, Indiana, PA 15705 Phone (724) 357-3009 Fax (724) 357-2094

General Information Sheet

Date: _____ Student ID#: _____

Name: _____

E-Mail: _____ SSN#: _____ - _____ - _____

Address:

Home: _____
(Street) City State Zip

Home Phone: _____

Local: _____
(Street) City State Zip

Local Phone: _____

Cell Phone: _____

Please send checks to: (check only one) Home: _____ Local: _____

Training Program:

Undergraduate: _____ Graduate: _____

Start Date: Fall: _____ Spring: _____ Presummer: _____ Summer I: _____ Summer II: _____
(OR)

Police Academy: _____ Culinary Arts Academy: _____

Start Date: _____ End Date: _____

Major (Program of Study): _____

Number of Credits You Plan to Take: _____

(NOTE: 12 credits and above is considered full time for an undergraduate student; at least 9 credits is considered full time for a graduate student)

GI Bill Chapter

- | | | | |
|------------|---------------------------|-------------|--------------------|
| _____ 30 | (Active Duty) | _____ 33 | (Post 911) |
| _____ 1606 | (Reserve/Guard) | _____ 35 | (Dependents) |
| _____ 1607 | (Activated Reserve/Guard) | _____ 31 | (Vocational Rehab) |
| | | _____ 32/34 | (VEAP) |

Have you ever received GI Bill Benefits previously? Yes: _____ No: _____
If "Yes", at what school/institution? _____
Number of credits that are being transferred: _____