

Please print or type the requested information. It will be used to initiate your certification for Fall/Spring/Summer semester(s).

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| <u>NAME</u>   | <u>VA FILE NUMBER</u>                | <u>SOCIAL SECURITY NUMBER</u>                       | <u>URI ID #</u>   |
| <b>ELIGIBILITY STATUS</b>   |                                      |   |   |
| <input type="checkbox"/> Veteran Chp.30   | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Reserves Chp.1606          | <input type="checkbox"/> REAP Chp.1607                    |
|   |                                      | <input type="checkbox"/> Veteran's Dependent Chp.35 | <input type="checkbox"/> Vocational Rehabilitation Chp.31 |
| When making application on the VA Once System, VONAPP, for the Post-9/11 GI Bill (Chapter 33), the form requires that individuals currently eligible for benefits under the Montgomery GI Bill Chapter 20, Selected Reserve Chapter 1606 or Reserve Educational Assistance Program Chapter 1607 make an irrevocable election from one of their existing program to Post-9/11 GI Bill. I understand that my selection of Chapter 33 once processed by the VA is irrevocable. |                                      |   |   |
| <input type="checkbox"/> Veteran Chp.33 Approved _____%   |                                      |   |   |

**EDUCATIONAL OBJECTIVE**

Pursuing an undergraduate degree. Specify degree and academic program: \_\_\_\_\_

Pursuing a Graduate degree. Specify degree and academic program: \_\_\_\_\_

Other - PLEASE ATTACH AN EXPLANATION

**MAILING ADDRESS** for VA checks and official VA correspondence. [Correspondence from the University will be sent to your regular University maintained addresses.]

\_\_\_\_\_  
 STREET CITY STATE ZIP

\_\_\_\_\_  
 TELEPHONE (LOCAL) TELEPHONE (HOME) EMAIL (PERMANENT)

| <p><b>CERTIFICATION SEMESTER AND LEVEL</b></p> <p>This certification is for students matriculating through Kingston and CCE.</p> <p>I wish to be certified for the Fall ____yr semester for ____ credits.</p> <p>I wish to also be certified for the Spring ____yr semester for ____ credits.</p> <p>Summer I ____yr Summer II ____yr Summer III ____yr</p> | <p><b>If you applied by using VONAPP or mailed forms directly to the VA Dept please check:</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%; text-align: center;">Mailed</th> <th style="width:20%; text-align: center;">VONAPP</th> <th style="width:30%; text-align: center;">Date Submitted</th> </tr> </thead> <tbody> <tr> <td>22-1990</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>22-1995</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>22-5490</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>22-5495</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> |                          | Mailed         | VONAPP | Date Submitted | 22-1990 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 22-1995 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 22-5490 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 22-5495 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|---|--------------------------|----------------|--------|----------------|---------|--------------------------|--------------------------|-------|---------|--------------------------|--------------------------|-------|---------|--------------------------|--------------------------|-------|---------|--------------------------|--------------------------|-------|
|   | Mailed  | VONAPP                   | Date Submitted |        |                |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |
| 22-1990   | <input type="checkbox"/>  | <input type="checkbox"/> | _____          |        |                |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |
| 22-1995   | <input type="checkbox"/>  | <input type="checkbox"/> | _____          |        |                |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |
| 22-5490   | <input type="checkbox"/>  | <input type="checkbox"/> | _____          |        |                |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |
| 22-5495   | <input type="checkbox"/>  | <input type="checkbox"/> | _____          |        |                |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |         |                          |                          |       |

**PREVIOUS ENROLLMENT**

When, if ever, did you last receive VA benefits from URI (Kingston or CCE)? \_\_\_\_\_

When, if ever, did you last receive VA benefits from another college/university? \_\_\_\_\_

Name of that college/university: \_\_\_\_\_

From which colleges/universities have you previously earned credit?

Name and location: \_\_\_\_\_

Are you receiving tuition assistance from your branch? Yes  No  Fall  Spring  Both Fall & Spring terms

**PLEASE SIGN: I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.**

Chapter 33 Veteran Students who requested certification prior to submission of Certificate of Eligibility and/or received advance payment, are responsible for any financial obligations owed to the University of Rhode Island not covered by their VA benefits or their Financial Aid.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADVANCE PAY REQUEST**

Chapter 31 students are not eligible for advance pay. Veterans who have not received educational benefits for 30 days prior to the beginning of the semester, and who have not received an interval (between semesters) pay, may request an advance payment to include benefits for September and October. Your advance check will be sent to the Office of Enrollment Services at the beginning of the semester where you will sign for it. Subsequent checks will be sent to you directly. **Requests must be submitted to the VA at least 30 days before classes begin.** Caution: If you receive an advance check for September and October, you will not receive your next (November) check until the middle of December. You should plan accordingly.

\_\_\_\_\_ I request advance payment for the Fall Semester.

Name: \_\_\_\_\_ Date: \_\_\_\_\_