University of South Carolina Beaufort
Financial Aid/Veterans Affairs Office
801 Carteret Street ♦ Beaufort, SC 29902
Office: 843-521-3104 ♦ Fax: 843-521-3194 ♦ uscbfina@uscb.edu

Veterans Certification Form

The completion of this form authorizes the Office of Financial Aid/VA to certify veteran students' current enrollment and provide academic record information to the Department of Veterans Affairs to ensure the receipt of Educational Training Benefits. Students must complete this form every semester to receive benefits.

Semester applying for? (Please Check the Appropriate Box): ❑ Fall ❑ Spring ❑ Summer

_____ _____
Last Name First Name Middle Name USCB Student ID

_____ _____
Mailing Address (include Apt. #) VA Claim Number

_____ _____
City State Zip Code Cell Phone

_____
Email Address

_____
Current Major or Program of Study

Has your major or program of study changed since your last enrollment? (Please Check Only One Box): ❑ Yes ❑ No

Residency Classification (Please Check Only One Box): ❑ In-State ❑ Out-of-State

You Are Currently a…. (Please Check Only One Box): ❑ Veteran ❑ Reservist / National Guard ❑ Dependent / Spouse

Are you transferring from another college to USC Beaufort? (Please Check Only One Box ❑ Yes ❑ No

****

Veterans Benefit Information (Please Check Only One Box)

❑ Chapter 30 Montgomery GI Bill – Current / Former Active Duty
Are you currently Active Duty? Yes ❑ No

❑ Chapter 31 Vocational Readiness and Employment (VRE-VA Counselor approval needed)

❑ Chapter 33 New Post-9/11 GI Bill – Effective August 2009
Are you currently Active Duty? Yes ❑ No

❑ Chapter 35 Survivors' and Dependents' Educational Assistance (DEA)

❑ Chapter 1606 Montgomery GI Bill – Selected Reserve (MGIB-SR)

I understand that I must complete this form each semester to receive benefits. It is my responsibility to notify the USCB Financial Aid/Veterans Affairs Office immediately upon adding, dropping, or withdrawing from a course(s).

_____ _____
Student's Signature (Required) Date