

Office of the Registrar, 3200 Cold Spring Road, Indianapolis, IN 46222 Phone: 317.955.6050 Fax 317.955.6575 Email: regis@marian.edu

Personal Information	Academic Information
Name: _____	<input type="checkbox"/> MAP Program – Associate (ABA) <input type="checkbox"/> MAP Program – Bachelor (BBA) <input type="checkbox"/> Graduate Program or COM <input type="checkbox"/> Traditional Program – Bachelor <input type="checkbox"/> 2 nd Degree – Bachelor
Current Address: _____ _____	
Email: _____ Phone: _____	
Social Security Number or Student ID (DO NOT email or fax SS#): _____	
Major: _____	
Expected Graduation: _____	

GI Bill

Go to <http://www.gibill.va.gov> or call 1-888-GIBILL1 for further information and eligibility requirements for GI Bill Education programs.

1. Have you received GI Bill benefits previously?
 Yes
 No (skip to question 2)

If yes, have you filed a Change in Place of Training or Program form 22-1995 with the VA?
 Yes
 No

This form can be filed at www.gibill.va.gov –search: apply for benefits to apply online. Please make a copy of the form and bring this to the registrar’s office after submitting the form to the VA. This form 22-1995 is also available in our office if you wish to complete a paper copy.

2. If you have not received GI Bill benefits previously, have you filed an application for Education Benefits, Form 22-1990?
 Yes
 No - please go to www.gibill.va.gov and complete the 22-1990 form immediately.

If yes, have you received a copy of your certificate of eligibility from the Veterans Administration?
 Yes
 No

3. Which GI Bill program are you eligible to receive:
 1606 (Selected Reserve)
 Chapter 30
 Post 911 Chapter 33, months remaining: _____ percentage: _____
 1607
 Chapter 35 (dependents and spouses of disabled veterans)

4. If you are the veteran (or your spouse has transferred the post 911 to you), is the veteran active duty*?
 Yes
 No

*active duty veterans and their spouses are not eligible for yellow ribbon or housing allowance

To start your VA file, we ask that you submit a copy of your DD214, a copy of your application for benefits or a copy of your Certificate of Eligibility as soon as you receive it from the VA.

For the school year fall 2016 – summer 2017 the Post-9/11 GI Bill (chapter 33) will pay a **maximum of \$21,970.46 per academic year** for those who are **100% eligible**. (Academic year is fall, spring and summer). The yearly amount will **restart in the fall of the next year as long as your still have months of eligibility**.

Please refer to http://www.benefits.va.gov/gibill/education_programs.asp for pay rates, eligibility for GI Bill programs, and a link to the application for GI Bill benefits, form 22-1990. Policies are set by the VA not by the institution.

Chapter 35

Chapter 35 students you must supply the veteran's SS# _____ (please DO NOT scan and email or fax this number) call 317-955-6053 to give this number, mail the form through US mail or provide it in person.

- I am receiving chapter 35 benefits through a disabled or deceased veteran family member.
- I have filed a 22-5490

Yellow Ribbon

I am 100% eligible for the Post 911 GI Bill and I am currently in a traditional 1st degree bachelor program.

- Yes
- No

I believe I am eligible for the yellow ribbon program and request that I receive yellow ribbon funds from Marian University (maximum of \$8,000 per school year paid by Marian University).

- Yes
- No

Note: 2nd degree, graduate, medical school, MAP students or those taking MAP courses and active duty service members and their spouses are NOT eligible for the yellow ribbon program.

General Information and Approval

Please note that only courses required for your degree (major, general education requirements and general electives needed for graduation) can be submitted to the VA for payment. The VA will not pay for classes not needed for your degree or for classes for non-degree students.

To the best of my knowledge I am eligible for full or partial benefits from the VA and I request to have my information sent to the VA to receive these benefits. I understand that I am responsible for all tuition and fees until the University receives payments from the VA. I understand that if the VA only partially covers my tuition, I am responsible for any remaining tuition and/or fees and finding alternate forms of payment.

Date to begin benefits: _____

Signature: _____ Date: _____

Contact our VA Certifying Representative Maryann Bonner directly with questions at mbonner@marian.edu or 317.955.6575.