

VA EDUCATIONAL BENEFITS DECLARATION OF INTENT FOR **NEWLY ADMITTED STUDENTS** IN THE MSW PROGRAM

Complete this form to indicate your intent to be certified for receipt of VA Educational Benefits.

- This form must be completed each semester accompanied by a copy of your tuition bill.
- Failure to complete each item will prevent you from receiving benefits for the requested semester.
- All Certificates of Eligibility (COE), if applicable, must be submitted prior to the first day of classes per the Veterans Benefits and Transition Act of 2018, Section 103 (Public Law 115-407-December 31, 2018-Sec. 103).

Student Information:

Name: _____
Last
First
MI

Student ID (@00-----): _____ DOB: _____
MM
DD
YYYY

Select Campus: **Baltimore:** _____ **Shady Grove:** _____

Semester/Year: **Fall** _____ **Spring** _____ **Summer** _____

STUDENT HEALTH: *OPT OUT: YES _____ NO _____

*All full-time students are required to have health care coverage (click on link for further information: <http://www.umaryland.edu/studenthealth/waiving-student-health-coverage/>). This fee will automatically be added to your certification, unless you check above that you would like to **opt out** of the coverage, ("**Opting Out**" of the coverage with our office, does not preclude you from following requirements noted in the healthcare coverage link above).

Address: _____
Street

City
State
Zip

Phone Number: _____ E-mail Address: _____

Indicate the type of benefit for which you are eligible:

- | | |
|-------------------|--|
| ____ Chapter 30 | Montgomery GI Bill-Active Duty |
| ____ Chapter 31 | Vocational Rehabilitation and Employment VetSuccess (VR&E VetSuccess) |
| | VRE Counselor Email: _____ |
| ____ Chapter 32 | Veterans Educational Assistance Program (VEAP) |
| ____ Chapter 33 | Post-9/11 GI Bill |
| ____ Chapter 35 | Survivors & Dependents Educational Assistance (DEA) (SSN will be required) |
| ____ Chapter 1606 | Montgomery GI Bill – Selected Reserve Educational Assistance Program |
| ____ Other | No Benefits Available |

Will you be receiving any additional grant(s) or scholarship(s) this semester? ____ YES ____ NO

If yes, please indicate here: _____

PERSONAL RESPONSIBILITY FOR RECEIVING VA EDUCATION BENEFITS

Name: _____

****Read and initial beside each item****

_____ You must pursue the course work as outlined in the SSW Academic Handbook - <https://www.ssw.umaryland.edu/media/ssw/students/handbooks/2024-25-Academic-Catalog-Final-8-23-2024.pdf>

_____ Tuition and fees are certified at the in-state rate. The VA will only cover in-state tuition and fees.

_____ You must remain in good academic standing. Changes in student status, i.e. academic probation, failures, leave of absence, change in full-time status, etc. will be reported to the Veterans Administration.

_____ You must maintain satisfactory academic progress toward the educational objective stated on your VA application for benefits.

_____ The VA will not pay for repeated courses unless the particular course is a graduation requirement and was not passed on the first attempt.

_____ The VA does not pay for audited courses.

_____ Any additional scholarships will be reviewed for VA certification.

Attestation

I have read the above and I understand my personal responsibilities in claiming VA benefits. I realize that the University of Maryland School of Social Work is responsible for communicating accurate enrollment data to the Veterans Administration and that any failure on our part to comply with the above conditions jeopardizes our continued receipt of VA educational benefits.

Signature: _____ Date: _____

To initiate the certification process, submit this completed form with a copy of your Certificate of Eligibility and tuition bill to:

University of Maryland School of Social Work Office of Records and Registration
Attn: Phyllis Pope or Jamila Savage
525 W. Redwood Street
Baltimore, MD 21201
(410) 706-6102
sswveteransaffairs@ssw.umaryland.edu