UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK

VA EDUCATIONAL BENEFITS DECLARATION OF INTENT FOR RETURNING 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.

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)
____ Chapter 32 Veterans Educational Assistance Program (VEAP)
____ Chapter 33 Post-9/11 GI Bill
____ Chapter 35 Survivors & Dependents Educational Assistance (DEA)
____ 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 below.

Signature: _____ **Date:** _____