University of Maryland School of Social Work  
MSW Program  

VA EDUCATIONAL BENEFITS  
DECLARATION OF INTENT  
FOR  
RETURNING STUDENTS

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

- Failure to complete each item will prevent you from receiving benefits for the requested semester.
- This form must be completed each semester accompanied by a copy of your tuition bill.

Student Information:

Name: ____________________________
Student ID#: ____________________________
Semester/Year: ____________________________
Term: _______Fall       ________Spring       ________Summer       ________Year
Address: __________________________________________
          Street
          City State Zip
DOB: __________/________/________
Phone: ____________________________
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

Signature: ____________________________    Date: ____________________________

Return form to: sswveteransaffairs@ssw.umaryland.edu or fax: 410-706-6108. If you have any questions, contact the Office of Records and Registration at: sswveteransaffairs@ssw.umaryland.edu.

(05/2021)