

Shippensburg University of PA Veteran Services Office 1871 Old Main Drive – Mowery Hall 207 Shippensburg, PA 17257 717.477.1710 (phone) vetaffairs@ship.edu

Spring Term 2024

SU ID: _____

Application for Veteran's Enrollment Certification

Social Security#:	Ship Email:	Ship Email:		
Local Address:	Alt Email:			
	Major:			
Cell Phone:	Grade Level:	Undergradu	ate Graduate	
Check which box applies:Continuing Student		Non-degree (2 semesters only)		
Transfer Student First Time Student	_	Certification		
VA Education Benefits (Check one)				
Chapter 30 – Active-Duty Montgomery GI Bill				
Chapter 33 – Post 9/11 Montgomery GI Bill - (Activ	ve-duty time after 9/11/0	1)		
Chapter 1606 - Reservist or National Guard (Neve (NG or Resv. on active duty to complete basic trainin Training should check Chapter 1606.) Chapter 1607- Reserve Education Assistance Programmers	g, Advanced Individual T	raining (AIT) o	•	
Chapter 35 - VA Education Benefits VA Claim Num SSN of person transferring benefits to you.	nber	Spouse _	Dependent	
Chapter 31 – Veteran Readiness and Employment	(VR&E) – (Former Voc.	Rehab)		
Are these your military education benefits? Yes	No			
Which branch of the military were you in, or the Army	Air Force _ Navy	' Marines	Coast Guard	
person transferring benefits to you?				
Were these education benefits transferred to you? No Enrollment	Yes Transferred fro	m, Parent	Spouse	
# of credits for Spring 24				
If a new student what is the number of credits you	u will he transferring to	Shinnenshur	σ I Iniversity	

Signature Date