

320 Porter Avenue KAB 206
Buffalo, New York 14201



Contact Us: veterans@dyc.edu

Phone: (716) 829-7836

Veterans and Dependents Benefits Application

Name: _____

Last

First

MI

D'Youville ID: _____ SSN/File #: _____

Home/Cell Phone: _____ E-mail: _____

Military Connection: (Check one)

Veteran/ Reserve/Guard/Active Child Spouse

Chapter: (Check one)

- Chapter 33 (Post 9/11 GI Bill)
- Chapter 33 (Transfer of entitlement)
- Chapter 30 (Montgomery GI Bill – Active Duty)
- Chapter 1606 (Montgomery GI Bill – Selected Reserves)
- Chapter 35 (Dependents Educational Assistance)
- Chapter 31 (Veteran Readiness & Employment)

Address: (Please provide the address you wish reported to the Department of Veterans Affairs)

Street _____ Apt. or Suite _____

City: _____ State: _____ Zip Code: _____

Term: (Fall, Spring or Summer) _____

Program (Major/Degree): _____

Read and Initial:

_____ I understand that I must submit an Enrollment Certification Form each semester to the Veteran Services Office. (This form is emailed to every enrolled students D'Youville email account 40-30 days prior to the start of the semester, failure to submit this form will result in a non-certification of benefits for said semester)

_____ I understand that certification of tuition and fees will not be completed until drop/add has ended and dropping below full-time may affect my educational benefits

_____ I understand that I must inform Veteran Services Office of all changes that I make to my schedule and I must submit an email notification to veterans@dyc.edu if any changes are made. Failure to do so may be considered defrauding the U.S. Government.

_____ I understand that at the end of the term, unsatisfactory progress (i.e. W's, NP's, F's and U's) will be reported to the VA and may affect my academic status.

_____ I must request that all my college transcripts (including Joint Services and Community College of the Air Force) be sent to the Registrar's office.

_____ I understand that the School Certifying Official has agreed to certify me for this (1) semester, to allow time for my prior credit to be properly evaluated toward my major.

_____ I understand that if I am given prior credit for any certified course(s) for a semester, I will be required to repay the Department of Veteran Affairs (VA).

_____ I am responsible for insuring that all advanced standing and substitutions are reflected in my records for my current major. (Check with your advisor to see that these are reflected in the degree audit)

_____ It is my responsibility to see that all required VA Forms, Veterans and Dependents Benefits Application, DD-214 and any other necessary documentation are submitted to the Veterans Services Office or school certifying officials.

_____ I understand that I have the right to apply for Federal Financial Aid through FAFSA and should do so before arranging any private student loans or alternative financing program. Please visit www.fafsa.ed.gov to apply for and determine your potential eligibility for Federal Aid.

Signature of Applicant

Date