

Veteran Affairs Data Sheet

To help ensure timely and correct processing of your benefits please READ and fill out COMPLETELY. Please PRINT.

Last Name:	First Name:		Middle Initial:	
Mailing Address:				
	(Street or PO Box)	(City)	(State)	(Zip Code)
Phone where you can be reached:			SSN(First 5 di	gits):
ACADEMIC MAJOR:			MINOR:	
ABAC ID #: 918_				
Stallion Email:			_@stallions.abac.edu	
Other Email:				
VA Educational B	enefit (Please Check):			
Chapter 33 (Post	9/11 GI Bill)	%	Chapter 31 (Voc Reh	ab)
Chapter 30 (Mont	tgomery GI Bill)		Chapter 1606 (Sel R	es)
Chapter 35 (DEA)	*			
*Chapter 35 (DEA) Sponsor SSN (please o	nly provid	e first 5 digits):	
Are you receiving	g HOPE or Zell Miller Sch	olarship?	_	
Have you ever us	ed your GI Bill benefits b	efore? _		
	Tuition A	ssistance	2	
administer TA. TA depending on who receives education duplication of ber DoD regulations, or receiving VA beneating there isn't	e (TA) is a Department of rules vary by branch of ether a unit is active, reson benefits from VA and nefits may be an issue. The both since VA and Doefit and TA at the same to a duplication of benefits d:Do you anticipation.	service ar erve or Na receives T he issues t D both hav time. It is t	nd can even vary betwational Guard. If a stud FA benefits from the might involve VA reg ve regulations regard the student's respons	ween units dent military, ulations, ling ibility to
SIGNATURE:			DATE:	