



## VETERAN INFORMATION SHEET

Please go to [www.uu.edu/financialaid/veteranservices.cfm](http://www.uu.edu/financialaid/veteranservices.cfm) for answers to frequently asked questions and additional forms which may be necessary. Submit this form with attachments to the Office of Student Financial Planning.

**Veteran's Name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
Last First M.I.

Branch of Military Service \_\_\_\_\_ Dates of Military Service \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Union ID \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Education VA Benefits applying for (Please Check One)

Ch. 30 \_\_\_\_\_ MGIB Active      Ch. 33 \_\_\_\_\_ Post 9/11 Era      Ch. 1606 \_\_\_\_\_ MGIB Reserves  
Ch. 31 \_\_\_\_\_ Vocational Rehab.      Ch. 35 \_\_\_\_\_ Dependent/Survivor      Ch. 1607 \_\_\_\_\_ REAP Active Reserves

Have you received VA benefits previously? If yes, at which college? \_\_\_\_\_

Please list all colleges attended:

\_\_\_\_\_

College credits earned to date \_\_\_\_\_ List degrees earned: \_\_\_\_\_

First term of enrollment at Union will be: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ of 20 \_\_\_\_\_

Anticipated Program of Study at Union \_\_\_\_\_

It is the responsibility of each student to notify this office of any change in your schedule or school attendance. Any changes will be reported to the VA office. If you do not maintain a satisfactory level of academic progress toward a college degree your VA eligibility could be lost. I hereby certify that the facts stated above are true and correct to the best of my knowledge and I understand my responsibilities as a VA student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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