



Veteran Contact Information

Last Name: _____ First Name: _____ M.I. _____

Phone: _____ Email: _____ DOB: _____

Reason for Visit:

Demographic Information

Race or Ethnicity:

Native American

Asian

Black/African-American

Hispanic/Latino

White/Caucasian

Multiracial

Other

Gender:

Female

Male

Other

Service Information

Branch of Service:

Army

Marine Corps

Navy

Air Force

Coast Guard

Other

Service:

Active

National Guard

Reserve

Dependent

Other

Were you ever deployed?

Yes

No

If yes, what year(s): _____

Service Dates:

Service Start Date: _____

Service End Date: _____

Educational Information

Discharge Status: _____

Educational Benefit:

Tuition Assistance

Montgomery GI Bill (Ch. 30)

Montgomery GI Bill-Select Reserve (Ch.1606)

Post 9/11 GI Bill (Ch. 33)

Survivors & Dependents Educational Asst. (Ch.35)

Veterans Educational Assistance Program (Ch. 32)

Vocational Rehabilitation (Ch. 31)

MINGSTAP

Other VA/Veteran Education Benefit

Not Using VA/Veteran Education Benefits

Academic Level

Freshman

Sophomore

Other

Do you have transfer credits from another institution?

Yes

No

Enrollment Status

Full-time (12 or more credit hours per Semester)

Part-time (less than 12 credit hours per semester)

Are you currently enrolled?

Yes

No

Did you file a FAFSA?

Yes

No

Educational Goal:

Graduate w/ Associates

Graduate w/ Certificate

Transferring out to college/university

Undecided

Other

If other, please explain: