

COMPLETE IN BLACK INK MSU Center for America's Veterans Military Benefits Form

ALLOW 2 BUSINESS DAYS (48 HOURS) For The VETERAN HOLD To Be Removed After Our Office Receives Your Completed Military Benefit(s) Form

*****Incomplete Form(s) WILL BE RETURNED for Correction and VET HOLD WILL REMAIN on your account until Corrected Form(s) are Received*****

***One Form Is Needed For Each Term/Semester You Are Requesting Military Benefits**

Dependents complete all * areas, Section A, Sign/Date, Return to veterans@msstate.edu

Service members complete all * items, fill out Section B (Questions 1 then 2 then 3 then duty station, Sign/Date, and Return to veterans@msstate.edu

* **New Student:** ___ **Current Student:** ___ **Last term benefits requested:** _____ **Registering # of Credit Hours** _____
See Student Experience Coordinator

* **Fall** ___ **Year** _____ **Spring ONLY** ___ **Year** _____ **Spring AND Winter** ___ **Year** _____ **Summer** ___ **Year** _____

Student Information:

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

* **Cell Phone #:** _____ **MSU ID#:** _____ **MSU Email:** _____@msstate.edu
9 Digit Numerical

* **Are you a Mississippi Resident?** Yes: ___ No: ___ **If no, did you apply for a Non-Resident Waiver:** Yes: ___ No: ___

* **Degree/Major:** _____

* **Are you graduating this term?** Yes: ___ No: ___ **If no, your anticipated graduation date:** _____

***** PLEASE NOTE**** Intermediate/Remedial classes may not be taken Online through Distance Education; must be in person.**

***** Schedule Changes may result in a debt to MSU or the VA that you are responsible to repay*** Initial Here:** _____

* **Are you the Service-Member?** Yes: ___ No: ___ **Are you the Dependent of a Service-Member?** Yes: ___ No: ___

Dependents complete all * areas, fill out Section A, Sign/Date, Return to veterans@msstate.edu

A. DEPENDENTS Select Your Chapter of GI Bill® Benefits-Select Only One

___ Chapter 33 TEB – For Dependents whose Service Member transferred Post 9/11 education benefits

___ Chapter 35 – For Dependents of Service Member with 100% total/permanent service-related disability, or died due to this disability

FOR CHAPTER 35 NEW STUDENT ONLY! -- List Sponsor's name: First _____ **Last** _____

Service members complete all * items, fill out Section B Questions 1 & 2 & 3 then duty station, Sign/Date, and Return to veterans@msstate.edu

B. SERVICE-MEMBERS Select Your Chapter of GI Bill® Benefits-Select Only One

___ Chapter 31 Veterans Readiness and Employment - (FORMERLY KNOWN AS VOCATIONAL REHABILITATION)

VR&E Counselor Email: _____ **Telephone Number:** _____

1. Enter Military Branch and Then Select Component

Branch of Service: _____ **N/A:** ___ **Active Duty:** ___ **Reserve:** ___ **Air Guard:** ___ **State:** ___ **National Guard:** ___ **State:** ___

2. Select the Type of Military Funding You Are Applying/Requesting

No GI Bill® ___ **GI Bill® Only** ___ **GI Bill® & SEAP** ___ **GI Bill® & SEAP & TA** ___ **GI Bill® & TA** ___ **SEAP Only** ___ **SEAP & TA** ___ **TA Only** ___

Request TA through your Branch of Service website — Click here for information ~ Scroll To Application Process — Request State Education Assistance Program through SEAP Website

3. Select the Chapter of GI Bill You Are Requesting

___ **No GI Bill Benefit - Using other types of Military Funding**

___ **Chapter 1606 Selected Reserve – NEVER BEEN DEPLOYED**

___ **Chapter 30 Active Duty Service Member that is/was Active Duty - Chp 30 AD Requesting Top UP?** ___ Yes ___ No

___ **Chapter 33 Service-Member-is/was Active Duty or Reserves or National Guard Been Deployed***

Duty Station: _____ **Active Duty:** ___ **Guard or Reserves:** ___ **Civilian Employee:** ___ **Retired:** ___ **ETS:** ___ **Dependent:** ___

*** Type or Sign below and date**

STUDENT SIGNATURE: _____ *** DATE:** _____

Send completed Military Benefits Form By:

Emailing to: VETERANS@MSSTATE.EDU or Fax to 662.325.6723 or Hand Carry to 250 Bailey Howell Drive ~ Nusz Hall

For questions or concerns please call 662-325-6719 and ask for the School Certifying Official that handles your benefit