



VA BENEFITS ENROLLMENT REPORTING REQUEST FORM

Financial Aid Office

4240 Campus Drive Lima, OH 45804 | (419) 995-8802 | Fax (419) 995-8112 | FinAid@RhodesState.edu | www.RhodesState.edu

This form must be completed in its entirety each semester/term you register for classes before the School Certifying Official can report your enrollment in order for you to receive your GI Bill® benefits from the Veterans Administration (VA). (GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at <https://www.benefits.va.gov/gibill>.)

If you have any questions, please contact the Veterans Services Specialist at 419-993-7408.

*Required Items

Student's Full Name (First, MI, Last)*

Rhodes State Student ID (R#)*

Permanent Street Address*

Rhodes State Major*

City, State, Zip*

Semester of Enrollment*

Check this box if you will graduate after this term

Benefit/Chapter Name*

- 33 – Post 9/11
- 31 – VOCREHAB
- 1607 – REAP
- 30 – MGIB-AD
- 1606 – MGIB – SR
- 35 – DEA

REMINDER: If you use Chapter 30, 35, 1606 or 1607, your VA payment is sent directly to you and you are responsible for payment of tuition and fees.

Have you previously used benefits at another institution?*

- Yes No

Are you changing your program of study?*

- Yes No

• If Yes, you must complete **Form 22-1995 Request for change of program or place of training** and submit to the Rhodes State School Certifying Official

Do you receive any scholarships (including the Ohio National Guard Scholarship) or other assistance paying your tuition, **NOT** including Federal Financial Aid? * **Note:** Failure to disclose scholarships and/or tuition assistance can result in an over payment or loss of benefits.

- Yes No

If yes, name of scholarship or source of assistance

- By submitting this VA benefits enrollment request I am acknowledging that only classes required for my declared Rhodes State degree program will be reported for my education benefits to the VA. My benefits will be based on the approved credit hours taken and the actual dates of enrollment.
- I understand that any change in my class schedule after submitting this request is my responsibility to notify the VA School Certifying Official by submitting an updated request.
- I further acknowledge that if I fail to notify the School Certifying Official when my schedule changes, I withdraw from a class and/or I stop attending a class, I may incur a debt with the VA for unearned benefits and/or with Rhodes State for unpaid tuition and fees.