



Veteran Services Office

Contact Us:
P: (972) 881-5760
VRC@collin.edu

Veterans Benefits Application

Name: _____
Last First MI

CWID: _____ SSN # _____

**VA File No: _____ Home/Cell Phone: _____

**Veterans Name: _____
Last First MI

For Chapter 35 students, this is **REQUIRED to certify benefits. The VA File Number is typically the Veteran's SSN. The veteran's full legal name, as documented with the VA, is required for certification.

Military Connection: (Check one)

Veteran Child Spouse

Chapter: (Check one)

- Chapter 33 (Post 9/11 GI BILL)
- Chapter 33 (Transfer of entitlement)
- Chapter 30 (Montgomery GI BILL – Active Duty)
- Chapter 1606 (Montgomery GI BILL – Selected Reserves)
- **Chapter 35 (Survivors & Dependents)
- Chapter 31 (Veteran Readiness & Employment)

➤Counselor Name: _____

➤Counselor Email: _____

Address: (Please provide the address you wish to be reported to the Veteran's Administration)

Street _____ Apt. or Suite _____

City: _____ State: _____ Zip Code: _____

Student's Signature

Date