

One University. A World of Experiences.

Veterans Services Office FSU Veterans Center 101 Braddock Road Frostburg, MD 21532 (301) 687-4409

INFORMATION SHEET (Please Print)

FSU ID#:	Email:	@	FSU Em	nail: @	frostburg.edu
Name (Last, First, MI):			VA File# (or SSN): XXX-XX-		
Address:		City:	State: Zip:	<u>:</u>	
Phone: () -	Type: Home Mobi	le Program/M	ajor*:	
Single:	Married:	Number of Children:	Relations	hip to Veteran: Self-	- Child -
Check the cha	apter will you recei	ve benefits under and return	rn the required pap	perwork for that ch	apter:
	Chapter 30, Montgomery G.I. Bill (Active Duty) (Submit copy of current orders & Certificate of Eligibility)				
		tional Rehabilitation nager Name:	; Cop	oy of 28-1905 & D	D-214)
	Chapter 33, Post 9/11 G.I. Bill (Name of Veteran:If dependent) (Veteran: Submit copy of DD-214 & Certificate of Eligibility) (Dependent: Submit service member's copy of DD-214, Certificate of Eligibility, & copy of Birth/Marriage Certificate)				
	Chapter 35, Dependents Educational Assistance (DEA) (Submit service member's copy of DD-214, Certificate of Eligibility, & copy of Birth/Marriage Certificate) Conroy Scholarship Application Completed? Select				
	Chapter 1606/1607, Montgomery G.I. Bill (Guard & Reserves) (Submit copy of DD-214 & Certificate of Eligibility or NOBE) (NG members also qualify for a partial tuition waiver)				
	Federal Tuition Assistance (FTA or TA) Air Force Army Marine Corp Navy				
Student Type:	pe: First Time Student Transfer Student (13+ Credits) Name of previous college:				
Branch of ser Status: A	_	member: Air Force ational Guard Res	Army Coas	st Guard 🔲 Mari eran	nes
*The Veterans Services Office must also be notified if you make changes to your Program or change Majors **If the educational benefits are not the student's, please indicate the relationship of the service member Stamp Date Received					
Updated: 6 APR 18					