

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 * areas, Section B #1-#2-#3, Sign/Date, 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

* 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, Section A, Sign/Date, Return to veterans@msstate.edu

Service-Members complete all * areas, Section B #1-#2-#3, 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 _____

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