

Military Enrollment Form

PLEASE PRINT CLEARLY— Complete ALL Fields

Student Name: _____ Student ID _____

Current Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Email Address: _____

Academic Program _____

Applying for Military Benefits Under What Program?

(Check All That Apply)

- Chapter 30/Montgomery GI Bill—Active Duty _____
- Chapter 31/VA Vocational Rehabilitation _____
- Chapter 33/Post 9/11 GI Bill _____
- Chapter 35/War Orphan or Dependent of Disabled Vet _____
- Parent Name _____
- Chapter 1606/Montgomery GI Bill—Reserves _____
- Chapter 1607/Reserve Educational Assistance Program _____
- WV National Guard (State TA & Federal Benefits) _____
- WV Air National Guard (State TA Benefits) _____

Is this the first time applying for VA Educational Benefits?

Yes No

Have you completed the VA Application?

If NO go to <www.ebenefits.va.gov> to apply

Yes No

Have you received a Certificate of Eligibility (COE) from VA?

Yes No

Have you submitted your request to GoArmyEd for approval?

If NO go to <https://www.goarmyed.com/> to apply

Yes No

Have you requested WVNG State Tuition Assistance?

If NO go to <www.wvguardtuition.com> to request assistance

Yes No

I understand that should my third-party provider be unable or refuse to pay any or all of my tuition or if I do not meet paperwork processing deadlines, the payment of the remaining balance is my responsibility.

_____ Student Signature

_____ Date

Office of Military Programs Use Only

This request was processed:

Initials: _____

Date: _____



UNIVERSITY OF CHARLESTON

OFFICE OF MILITARY PROGRAMS
2300 MACCORKLE AVE., S.E., CHARLESTON, WV 25304
TEL. NO. (304) 357-4946
FAX. NO. (304) 357-4781

