



## VETERAN EDUCATION PROGRAM ELIGIBILITY FORM

*Only fill out the section that applies to you.*

### **REQUEST FOR BENEFITS**

\_\_\_\_\_ I am a military Veteran and believe I qualify for the VA Education Program Benefits under the GI Bill for this Apprenticeship Program. At this time, I wish to initiate my participation in the VA Benefit Program and will process my claims monthly.

To get started:

#### **Step 1**

Send a copy of your DD-214 form to the office if you did not provide one during the application process.

#### **Step 2**

In order to claim your VA Education Benefits, apply with the VA and provide the office with a copy of your Certificate of Eligibility (COE).

Call 888-442-4551 to request an application by mail

Or apply online at <https://www.vets.gov/education/apply/>

### **WAIVER OF BENEFITS**

\_\_\_\_\_ I am a military Veteran and believe I qualify for VA Education Program Benefits under the GI Bill for this Apprenticeship Program. At this time, I do not wish to participate in the VA Benefit Program and will notify you if I decide to start requesting Benefits at a later date.

### **UNABLE TO CLAIM BENEFITS**

\_\_\_\_\_ I am a military Veteran and acknowledge I am unable to claim the VA Education Program Benefits under the GI Bill for this Apprenticeship Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date