

1. NAME OF APPLICANT (First, middle, last)		2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Social Security Number	
4a. CHECK MAILING ADDRESS (Number, street or rural route, city or P.O., State and Zip Code)		5a. Home Telephone Number (Include Area Code)		5b. Work Telephone Number (Include Area Code)	
4b. PERMANANT MAIL ADDRESS		6. Date of Birth		7. E-mail Address (If known ie. ABC1234)	
8. In Case Of Emergency Contact:		9a. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		9b. No. of Dependents (exc. self)	
		9c. Spouses Name		9d. Is your Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10a. Service Dates (Beginning & Ending)		10b. Branch of Service		10c. Are you Eligible for New York Veteran Tuition Awards/ HESC, or NY National Guard or NY Naval Militia Tuition Scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?	
11a. Do You Have a Medical Condition? (Service Related) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		11b. Have You Established Service Connected Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		11c. What Percent Disability Are You Receiving?	
11d. Have You Applied For VA Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Additional Information?		11e. VA Claim Number (If known)		11f. VA Office Where Records Are Located	
12a. Have You Received VA Education Benefits Previously? <input type="checkbox"/> No <input type="checkbox"/> Yes From _____ To _____ (\$ _____ Monthly Rate)		12b. At What School Did You Last Receive VA Education Benefits?		13. Are You Still Receiving VA Educational Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. EDUCATIONAL BENEFITS YOU ARE APPLYING FOR: DD-214 must accompany all request for benefits. Additional required forms are listed below.					
<input type="checkbox"/> A. MONTGOMERY GI BILL (CHAPTER 30) -- (Still On ACTIVE DUTY) EDUCATION BENEFIT PROGRAM --SERVICE BEGINNING ON OR AFTER JULY 1, 1985, THROUGH Present		<input type="checkbox"/> F. DIC, REPS, or VA Pension Benefits			
<input type="checkbox"/> B. MONTGOMERY GI BILL (CHAPTER 30) -- (After ACTIVE DUTY) EDUCATION BENEFIT PROGRAM --SERVICE BEGINNING ON OR AFTER JULY 1, 1985, THROUGH Present		<input type="checkbox"/> G. VA DISABILITY COMPENSATION OR PENSION			
<input type="checkbox"/> C. VA VOCATIONAL REHABILITATION (CHAPTER 31), 20% Service Connected Disability or more, VA Form 28-1905 attached.		<input type="checkbox"/> H. SELECTED RESERVE GI BILL (CHAPTER 1606) -- SELRES, SLRP, SMP (If checked, attach DD 2384)			
<input type="checkbox"/> D. OLD GI BILL Conversion (CHAPTER 34 / 30) -- SERVICE BEGINNING BEFORE JANUARY 1, 1977		<input type="checkbox"/> H. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (CHAPTER 1607) REAP, SLRP, SMP (If checked, attach DD -214 AND DD-2384)			
<input type="checkbox"/> E. SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE (CHAPTER 35), (If checked, complete Items 15a and 15b)		<input type="checkbox"/> J. VETERANS WORK STUDY PROGRAM (OVES COUNSELORS)			
COMPLETE ONLY if ITEM 14E IS CHECKED		15a. NAME OF PARENT (VETERAN)		15b. PARENT'S VA FILE NUMBER C #	
16a. I Applied to RIT as a: <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer Student?		16b. Are you Accepted? () <input type="checkbox"/> No <input type="checkbox"/> Yes Transfer credits		16c. RIT University ID number	
				16d. College and Major	
17. I am attending RIT at the following Campus.....(Please Check One)					
<input type="checkbox"/> HENRIETTA CAMPUS		<input type="checkbox"/> ONLINE LEARNER		<input type="checkbox"/> OTHER _____	
18. PLEASE FORECAST THE NUMBER OF CREDITS YOU PLAN TO TAKE IN ACADEMIC YEAR 2008-2009?					
FALL TERM (20081)		WINTER TERM (20082)		SPRING TERM (20083)	
SUMMER TERM (20084)					
Enter Credit Hours Co-op Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO		Enter Credit Hours Co-op Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO		Enter Credit Hours Co-op Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Enter Credit Hours Co-op Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Notice: Your RIT veteran records will be maintained by the Office of Veteran Enrollment Services (OVES) to verify your veteran status with the Registrar; the amount of V.A. Educational Benefits to Financial Aid, and to implement the RIT Veteran Tuition Deferment Program with the Student Financial Services Office. All information will otherwise remain confidential and will only be released to those you elect to authorize below.

I agree to report any changes in my enrollment to OVES, to help prevent any overpayment of veteran benefits.

Information Release Authorization: I hereby authorize the release of my Veteran file information to the following individuals. By releasing my information to "ANYONE", all persons with a need to know will have access. You can deny all access to your files, by selecting "NO ONE" or, you can specify a single person access. Ask, if this is unclear or you have any questions.

I AUTHORIZE RELEASE OF Veteran File Information to:		SIGNATURE		DATE	
<input type="checkbox"/> ANYONE (On a Need to Know Basis) <input type="checkbox"/> RIT Veterans Club <input type="checkbox"/> NO ONE <input type="checkbox"/> OTHER _____					

OVES USE ONLY

	DD 214	22-1993a	DA 2171	DD 2384	22-1990	22-5490	22-1995	22-5495	28-1905	Rem Ent	FIN AID	MIL EVAL	DEFER	RIT/ OVES CODE
REQUIRED														
ON FILE														

REMARKS: