



Military &

Veteran Enrollment Services

2010-2011

NEW STUDENT WORKSHEET

1. NAME (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 PO, State and Zip Code)		5a. Home Phone Number ( )		5b. Work / Cell Phone Number ( )	
4b. PERMANENT MAIL ADDRESS		6. Date of Birth		7. Email Address	
8. In Case of Emergency Contact:		9a. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		9b. Number of Dependents (exclude self)	
		9c. Spouse's Name		9d. Is Your Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

10a. Service Dates (Beginning and 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	
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 Educational Benefits Previously? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> From _____ To _____ (\$ _____) Monthly Rate / Chapter ( _____ )		12b. Are You Still Receiving VA Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. At What School Did You Last Receive VA Education Benefits?	

**14. EDUCATIONAL BENEFITS YOU ARE APPLYING FOR:** DD-214 must accompany all requests for benefits. Additional required forms are listed below.

<input type="checkbox"/> A. ACTIVE MONTGOMERY GI BILL ( <b>CHAPTER 30</b> ) – EDUCATION BENEFIT PROGRAM – SERVICE BEGINNING ON OR AFTER JULY 1, 1985, THROUGH PRESENT	<input type="checkbox"/> E. DIC, REPS, OR VA Pension Benefits
<input type="checkbox"/> B. VA VOCATIONAL REHABILITATION ( <b>CHAPTER 31</b> ), 20% Service Connected Disability or more, VA Form 28-1905 attached.	<input type="checkbox"/> F. VA DISABILITY COMPENSATION OR PENSION
<input type="checkbox"/> C. POST 9/11 GI BILL ( <b>CHAPTER 33 YELLOW RIBBON</b> ) Provide total number of qualifying active duty days after 09/11/2001( _____ )	<input type="checkbox"/> G. SEL. RESERVE GI BILL ( <b>CHAPTER 1606</b> ) – (if checked, attach DD 2384) SLRP <input type="checkbox"/> No <input type="checkbox"/> Yes SMP <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> D. SURVIVOR'S AND DEPENDENT'S EDUCATIONAL ASSISTANCE ( <b>CHAPTER 35</b> ), (if checked, complete items 15a and 15b).	<input type="checkbox"/> H. RESERVE EDUCATIONAL ASSISTANCE PROGRAM ( <b>CHAPTER 1607</b> ) REAP, SLRP, SMP (if checked, attach DD-214 and DD-2384)

<b>COMPLETE ONLY IF ITEM 14D IS CHECKED</b>		NAME OF PARENT (VETERAN)		PARENT'S VA FILE NUMBER C #	
16a. I Applied to RIT as a : <input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> Transfer <input type="checkbox"/> Graduate		16b. Accepted? <input type="checkbox"/> No <input type="checkbox"/> Yes ( _____ ) Transfer credits		16c. My University ID Number is: _____	
16d. My Degree Program is: _____		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 THE ACADEMIC YEAR 2010-2011**

FALL TERM (20101)	WINTER TERM (20102)	SPRING TERM (20103)	SUMMER TERM (20104)
Enter Credit Hours: _____	Enter Credit Hours: _____	Enter Credit Hours: _____	Enter Credit Hours: _____
Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-op Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deferment? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Notice:** Your RIT veteran records will be maintained in Military & Veteran Enrollment Services (MVES) to verify your veteran status with the Registrar; the total amount of VA Educational Benefits to Financial Aid, and to implement the RIT Veteran Tuition Deferment with Student Financial Services. Personal information will remain confidential and will be released, only as you authorized below.

**I understand that I must report any changes in my enrollment to MVES, to prevent an overpayment of my veteran education 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.

<input type="checkbox"/> ANYONE (on a need-to-know basis) <input type="checkbox"/> NO ONE <input type="checkbox"/> Specifically: _____		SIGNATURE				DATE								
<b>MVES USE ONLY</b>	DD 214	22-1993a	DA 2171	DD 2384	22-1990 / COE	22-5490 / COE	22-1995	22-5495	28-1905	Rem Ent	FIN AID	SFS	KICKER	MVES Code
<b>REQUIRED</b>														
<b>ON FILE</b>														

REMARKS: