

VA STUDENT DATA SHEET

Student Information:

Name: _____ SSN: _____

Address: _____

Phone:(Home) _____ (Cell) _____ Email: _____

Have you used education benefits before? Y N If so,where? School: _____

Are you claiming education benefits because you are the veteran, or are you the dependant/spouse of a disabled/deceased veteran?

_____ I am the veteran.

_____ I am the dependant/spouse of disabled/deceased veteran

_____ Branch of service File Number/SSN of the disabled/deceased veteran: _____

List all previous colleges attended:

School _____ City/State _____

School _____ City/State _____

School _____ City/State _____

School _____ City/State _____

School _____ City/State _____

School _____ City/State _____