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**VA INFORMATION SHEET**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ S.S. # \_\_\_\_\_

\_\_\_\_\_ VA file: \_\_\_\_\_ (for Chapter 35)

Home phone #: \_\_\_\_\_ Local phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Major \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Have you attended Millsaps College before? Yes ( ) No ( ) Last term & year attended: \_\_\_\_\_

Have you attended another institution since your last term at Millsaps College, or are you a transfer student from another institution? Yes ( ) No ( )

Name of institution(s): \_\_\_\_\_

Did you receive VA benefits at the previous institution? Yes ( ) No ( )

Were you activated after 9/11/10 under federal authority for a contingency operation? Yes ( ) No ( )

**CHECK ONE:**

A. Montgomery GI Bill (Chapter 30)  F. Vocational Rehabilitation (Chapter 31)

B. VEAP (Chapter 32)  G. Old GI Bill (Chapter 34/30)

C. Dependent (Chapter 35)  H. Currently on Active Duty

D. Montgomery GI Bill-Selected Reserve  I. REAP (Chapter 1607)

(Chapter 1606) Reserves or Nat'l Guard

Activated Reserves or Nat'l Guard having served under

Title 10

E. Post 9/11 GI Bill (Chapter 33)  J. Yellow Ribbon Program

Please indicate the terms for you wish to receive benefits and the hours you expect to take for each semester/term.

**NOTE: BENEFITS ARE PAID ONLY FOR COURSES REQUIRED FOR YOUR DEGREE**

Semester(s): \_\_\_\_\_ Year \_\_\_\_\_ Semester(s): \_\_\_\_\_ Year \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The Department of Veterans Affairs uses social security numbers to determine eligibility of veterans' educational benefits. (38 U.S.C. 3471) Title 38, United States Code allows us to ask for this information.