



800 Mickelson Dr.
Rapid City, SD 57703
605-718-2400
605-348-2204 – Fax

Veteran Benefit Declaration

Student's Name: _____ Student ID#: _____

Current Mailing Address: _____
Street City, State Zip

Phone Number: _____ Program: _____

Please select the Benefit Program you will be using for your Program:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Chapter 1606
Selected Reserve | <input type="checkbox"/> Chapter 30
Montgomery Bill | <input type="checkbox"/> Chapter 31
VA Voc. Rehab | <input type="checkbox"/> Chapter 33
Post 9/11 Bill | <input type="checkbox"/> Chapter 35
Survivor/Dependent |
|---|--|--|---|---|

Please check area of service related to the Veteran Benefits you are receiving:

- | | |
|--|---|
| <input type="checkbox"/> Veteran of _____ | <input type="checkbox"/> Reserves |
| <input type="checkbox"/> Active Duty with _____ | <input type="checkbox"/> National Guard (State _____) |
| <input type="checkbox"/> Spouse or Dependent of Veteran who is deceased | <input type="checkbox"/> Spouse or Dependent of Veteran/Active Duty |
| <input type="checkbox"/> Veteran/Active Duty or Spouse/Dependent of Veteran/Active Duty who has suffered service related injury/illness. | |

***If Taking Corporate Education Class:**

Course: _____ Class Dates: _____

By signing below, I verify that the above information is correct and that I intend to utilize the declared benefit for all semesters pursuing my program of study. If I choose to stop benefits, I will notify the Registrar's Office in writing.

Student Signature Date

School Certifying Official Use Only

Student activated for certifications in VAOnce (Initial Certification Processed) _____ (initials) _____ (date)