



UNION UNIVERSITY Student Financial Planning

2024-2025 VA BENEFIT ENROLLMENT REQUEST

Please read the instructions and check your input before returning the form.

Please return page 2 of this packet.

Incorrect or incomplete information will delay benefit processing.

All VA students must file an application when they first start school before they can receive benefits. Students who have never received VA benefits must file an original application. There are multiple applications from which to choose.

Initial application to VA for Education benefits:

Veterans or Service members applying for chapters 30, 32, 33, and 1606 use VA Form 22-1990;

Dependents applying for chapter 35 or chapter 33 (Fry Scholarship) use VA Form 22-5490;

Dependents requesting Transferred Post-9/11 GI Bill (chapter 33) use VA-Form 22-1990e;

Application to VA for Education benefits at a new school or training facility:

Veterans or Service members who have received VA benefits previously file a "Request for Change of Program or Place of Training" VA Form 22-1995

Dependents using Transferred Post-9/11 GI Bill (chapter 33) who have received VA benefits previously must file a "Request for Change of Program or Place of Training" VA Form 22-1995

Dependents using chapter 35 or chapter 33 (Fry Scholarship) who have received VA benefits previously must file a "Request for Change of Program or Place of Training" VA Form 22-5495

The application that is applicable to the student must be approved by the VA before benefits can be utilized at Union University.



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Student Financial Planning

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Please read the instructions and check your input before returning the form. Incorrect or incomplete information will delay benefit processing.

Once completed, please print, sign, and return this form to the Office of Student Financial Planning. You may also email this form to veterans@uu.edu.

Veteran Info:

Veteran's Name

Veteran's SS#

Branch

_____ to _____

Service Dates

Student Info:

Skip if it is the same info in the veteran's info section

Student's Name

Student ID#: (if applicable)

Program Level and Start Term:

Undergraduate

Fall 2024

Graduate

Spring 2025

Summer 2025

Benefits Information

Post-9/11 (Ch.33) _____%

Post-9/11 Transfer of Benefits (Ch. 33 for Dep/Spouse) _____%Survivors and

Dependents Educational Assistance DEA (Ch. 35) Vocational Rehab &

Employment (Ch. 31)

Other: _____

BY SUBMITTING, I CONFIRM THAT I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING STATEMENTS:

- I understand that the VA processes claims in the order received and that omitting information may delay the processing of my claim.
- I understand that benefits can only be received for courses that are within my program of study.
- I understand that any change to my enrollment may result in a reduction to my benefits and may also result in a debt owed by me to Union and/or the Department of Veterans Affairs.
- I am responsible for tuition and fee payment to Union.

Student's Signature

Date