



## Student Veteran Program Information Form

Student Name: \_\_\_\_\_  
(Please Print)

Student ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Academic Year: \_\_\_\_\_

### Contact Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### Complete the following information:

Facility Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

VA File Number: \_\_\_\_\_

VA Benefits Chapter: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Degree / Major: \_\_\_\_\_

Expected Grad Date Semester/Year: \_\_\_\_\_

Are you receiving active duty tuition assistance? \_\_\_\_\_

Student Signature: \_\_\_\_\_

SC Official Signature: \_\_\_\_\_

Submit this document and all VA documentation:

In person: NM Suite 101 | FL Suite E Office 263

By email: [financialaid@burrell.edu](mailto:financialaid@burrell.edu)

By fax: 575-674-2219