

**VA EDUCATIONAL BENEFITS  
DECLARATION OF INTENT FOR RETURNING STUDENTS**

Complete this form to indicate your intent to be certified for receipt of VA Educational Benefits.

- Failure to complete each item will prevent you from receiving benefits for the requested semester.
- This form must be completed each semester accompanied by a copy of your tuition bill.

**Student Information:**

Name:

\_\_\_\_\_

Last First MI

Student ID#:

\_\_\_\_\_

Semester/Year: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Student Health: \_\_\_\_\_ Year \***OPT OUT**: YES \_\_\_\_\_ NO \_\_\_\_\_

\* **All full-time students are required to have health care coverage (click on link for further information: <http://www.umaryland.edu/studenthealth/waiving-student-health-coverage/>).**

**This fee will automatically be added to your certification, unless you check above that you would like to **opt out** of the coverage, (“Opting Out” of the coverage with our office, does not preclude you from following requirements noted in the healthcare coverage link above).**

Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

Phone:

\_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

E-mail Address:

\_\_\_\_\_

**Indicate the type of benefit for which you are eligible:**

- \_\_\_ Chapter 30 Montgomery GI Bill-Active Duty  
\_\_\_ Chapter 31 Vocational Rehabilitation and Employment VetSuccess (VR&E VetSuccess)  
\_\_\_ Chapter 32 Veterans Educational Assistance Program (VEAP)  
\_\_\_ Chapter 33 Post-9/11 GI Bill  
\_\_\_ Chapter 35 Survivors & Dependents Educational Assistance (DEA)  
\_\_\_ Chapter 1606 Montgomery GI Bill – Selected Reserve Educational Assistance Program  
\_\_\_ Other No Benefits Available

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

Date: \_\_\_\_\_

**Return to:** [sswveteransaffairs@ssw.umaryland.edu](mailto:sswveteransaffairs@ssw.umaryland.edu).

If you have any questions, e-mail: [sswveteransaffairs@ssw.umaryland.edu](mailto:sswveteransaffairs@ssw.umaryland.edu).