



NORTHWEST CHRISTIAN UNIVERSITY

Wisdom · Faith · Service

Registrar's Office
V.A. Certifying Official
Phone: 541.684.7229
Fax: 541.684.7311
Email: registrar@nwcu.edu

Northwest Christian University
REQUEST FOR VETERAN EDUCATIONAL BENEFITS

Name _____ SSN _____ VA File # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Birthdate _____
Email _____

NCU Program: [] Daytime Undergraduate [] Evening Professional Studies [] Graduate Studies

Intended Major: _____

First time using VA benefits? [] Yes [] No

Specify the type of veteran educational benefit you are requesting:

- [] Chapter 30 (G.I. Bill/Active Duty) [] Chapter 1606 (G.I. Bill Reserve/Nat'l Guard)
[] Chapter 31 (Voc Rehab) [] Chapter 1607 (G.I. Bill Reserve/Nat'l Guard-Active Duty)
[] Chapter 33 (Post 911 GI Bill) [] McChord Air Force
[] Yellow Ribbon (must be 100% chapter 33) [] Other: _____
[] Chapter 35 (Vet's Survivors/Dependants)

Specify the number of credits you plan to register for in your program:

- [] Full Time (12+ Credits Undergrad; 6+ Credits Grad) [] Half Time (6-8 Credits Undergrad; 3 Credits Grad)
[] 3/4 Time (9-11 Credits Undergrad; 4 Credits Grad) [] 1/4 Time (5 Credits or less Undergrad; 2 or less Grad)

Indicate the semester(s) (and year) that you will be attending NCU:

- [] FALL TERM [] SPRING TERM [] SUMMER TERM

The signature below authorizes the Northwest Christian University Certifying Official to release information regarding benefits and enrollment to the Department of Veteran's Affairs and other offices involved with processing and monitoring benefits.

I understand that any assistance indicated above may result in a reduction of my financial aid award and/or may require repayment of financial aid already received. I further understand that it is my responsibility to provide grade reports to VA officials if required. By signing this document, I certify that all the information reported to qualify for VA Benefits is true and accurate. I understand that if this document is incomplete, my benefits may be delayed.

Printed Name _____ Student ID Number _____

Student Signature _____ Date _____

Office use only: Financial Aid Office: _____ Registrar's Office: _____ Business Office: _____
VA Once: _____ PowerFAIDS updated: _____ Blackbaud updated: _____