



1701 North State Street, Campus Box 150436
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Office: Academic Complex, Room 142
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VA APPLICATION

Name _____ Date of birth _____
Last First MI

Address: _____

SSN: _____

VA file: _____ (for Chapter 35)

Phone #: _____ E-mail: _____

Major _____

Expected date of graduation: _____ Branch of Service: _____

Have you attended Millsaps College before? Yes No Last term & year attended: _____

Are you a transfer student from another institution? Yes No

Name of institution(s): _____

Did you receive VA benefits at the previous institution? Yes No

Were you activated after 9/11/10 under federal authority for a contingency operation? Yes No

CHECK ONE:

- Montgomery GI Bill (Chapter 30) Vocational Rehabilitation (Chapter 31)
- VEAP (Chapter 32) Old GI Bill (Chapter 34/30)
- Dependent (Chapter 35) Currently on Active Duty
- Montgomery GI Bill-Selected Reserve REAP (Chapter 1607)
- (Chapter 1606) Reserves or Nat'l Guard Activated Reserves or Nat'l Guard having served under Title 10
- Post 9/11 GI Bill (Chapter 33) Yellow Ribbon Program ROTC/Jackson State University

Please indicate the terms to receive benefits.

NOTE: BENEFITS ARE PAID ONLY FOR COURSES REQUIRED FOR YOUR DEGREE

Semester(s): _____ Year _____

STUDENT SIGNATURE _____ DATE _____

*The Department of Veterans Affairs uses social security numbers to determine eligibility of veterans' educational benefits.
(38 U.S.C. 3471) Title 38, United States Code allows us to ask for this information.*