

Information Sheet for Claiming Veterans – TC4900A

SMU ID: _____ SSN: _____

Name: _____
(Last) (First) (Middle)

Local Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ Email: _____

Are you the veteran, spouse or dependent? Veteran Spouse Dependent

If veteran, please indicate branch of service: _____

Are your VA benefits paid under the Fry Scholarship? Yes No

Will you be receiving Tuition Assistance (not including VA benefits)? Yes No (If yes, please attach a copy.)

Will you be receiving any employment-based aid or assistance? Yes No

Term (in which benefits will begin) _____

NOTE: We cannot certify terms after 30 days past the term registration date.

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PLEASE READ CAREFULLY AND SIGN

I understand that overpayment of benefits may occur if I change the number of hours enrolled or if I withdraw from the University. **It is my responsibility to immediately notify the VA Certifying Official upon any reduction or increase in hours, or termination of enrollment.**