



### VETERANS ENROLLMENT FORM

Full name (print) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

GHC ID#: 9000-\_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth date \_\_\_\_\_

Benefits to receive (circle one): GIBILL-Active Duty GIBILL-Reserve/Natl Guard REAP VocRehab Widow/Dependent Benefits Other \_\_\_\_\_

Email Address \_\_\_\_\_ Home/Cell Phone # \_\_\_\_\_

Are you currently on Active Duty?  Yes  No Program of Study \_\_\_\_\_

Is this the first time using VA benefits?  Yes  No (If yes; complete VA form 22-1990 & submit DD214)

If no; is this the first time using benefits at GHC?  Yes  No (If yes; complete VA form 22-1995)

Are you the Veteran?  Yes  No If no; are you a dependent/spouse of the Veteran?  Yes  No

Dependent/Spouse - please give SS# of the Veteran (or the VA File #): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a TRANSIENT STUDENT?  Yes  No If yes, list your home school \_\_\_\_\_

I acknowledge that this gives Georgia Highlands College the authority to certify my enrollment with the Department of Veterans Affairs for Educational Benefits.

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

Please list the term and the number of semester hours you are requesting to receive VA benefits:

Semester

Planned Semester Hours

\* **EACH SEMESTER**, a copy of this form must be submitted to the GHC VA Representative. Failure to complete this form will result in cancellation of VA certification and benefits received.

**Any changes made to your planned semester hours should be reported to [va@highlands.edu](mailto:va@highlands.edu)**  
If you have any questions about the details of your benefits, contact the VA Office at 1-888-442-4551.