



**APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**  
(Under Provisions of Chapter 35, Title 38, U.S.C.)  
See attached Information and Instructions

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: [www.gibill.va.gov](http://www.gibill.va.gov)

**PART I - APPLICANT INFORMATION**

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST)		1B. SOCIAL SECURITY NUMBER OF APPLICANT	1C. DATE OF BIRTH OF APPLICANT
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code)	
		DAY ( )	EVENING ( )
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code)			<b>VA DATE STAMP</b> (For VA Use Only)
4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY**

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST)			
5B. SOCIAL SECURITY NUMBER		5C. VA FILE NUMBER (If known)	
6. DATE OF BIRTH	7. BRANCH OF SERVICE	8. SERVICE NUMBER	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

**PART III - SPECIAL INFORMATION CONCERNING APPLICANT**

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ? <input type="checkbox"/> YES <input type="checkbox"/> NO	11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE
NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT	
12A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B) <input type="checkbox"/> YES <input type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A.  DISABILITY COMPENSATION OR PENSION

B.  DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C.  VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) \_\_\_\_\_

D.  VOCATIONAL REHABILITATION BENEFITS

E.  SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

F.  OTHER (Specify) \_\_\_\_\_

G.  NONE

**Complete Item 14 only if you check Item 13E**

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
---	----------------------------

**PART IV - APPLICANT'S MILITARY SERVICE**

15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)

YES  NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY  
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

**PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT**

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

17B. DATE

- GRADUATED FROM HIGH SCHOOL       DISCONTINUED HIGH SCHOOL  
 EXPECT TO GRADUATE                       GED  
 NEVER ATTENDED HIGH SCHOOL

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER						

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING

**PART VI - PROGRAM OF EDUCATION OR TRAINING**

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES  NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank) ▶

YES  NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL  
 APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING  
 LICENSING OR CERTIFICATION TEST  
 NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT  
 CORRESPONDENCE COURSE (Spouse or surviving spouse only)  
 FARM COOPERATIVE

<p>20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (If you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**PART VII - ELECTION (CHILD ONLY)**

**IMPORTANT:** You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:</p>	<p>21B. DATE OF ELECTION</p>
---	------------------------------

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)

**PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT**

(All Applicants Must Complete This Part)

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (<b>Do NOT Print</b>)</p> <p>SIGN HERE IN INK</p>	<p>23B. DATE SIGNED</p>
--	-------------------------

**PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN**

(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code),</p>
<p>25A. SIGNATURE OF (Check one) (<b>DO NOT PRINT</b>)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK</p>	<p>25B. DATE SIGNED</p>

## Initial Benefit Checklist, Contact, and Deferment

Student Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

Last used benefits at: \_\_\_\_\_

Students cannot certify enrollment using mail or fax until this initialed and signed checklist is on file.

### Orientation Checklist

(please read the Orientation Checklist and initial where needed)

#### Application Procedures

- 1 Keep all paperwork from VA and UCF!
- 2 Knowledge of Veteran Services Website, <http://www.va.ucf.edu>.
- 3 VSO card given.
- 4 Monthly payments/Benefits delivery explained.
- 5 E-mail is our primary communication mean.
- 6 Evaluation for military credit (if applicable.)

#### YOU MUST INFORM VETERAN SERVICES IF YOU :

- 7 Change any CONTACT information.
- 8 Change your enrollment in any manner.
- 9 Change your PROGRAM of study (add or delete a major/minor.)
- 10 Your E-mail address MUST be current in myUCF and at Veteran Services.

#### Certification Policies:

- 11 Certify every semester that you wish to use benefits once you have enrolled. ENROLL & FINALIZE SCHEDULE(S) –Then CERTIFY WITH VSO.
- 12 Tuition and fees will **ONLY** be deferred if certified **Before** the last day of Add/Drop.
- 13 Only courses that apply to your program may be certified.
- 14 Monthly verification of enrollment (Ch 30/1607/1607)
- 15 A transient student form is required for classes taken at another institution.
- 16 UCF must receive transcripts for transient courses that VA provides benefits within 30 days of completion.

#### General Policies and Programs

- 17 'Short Term' Loan.
- 18 Progress Guidelines.
- 19 N, Nx, academic withdrawals, & other non punitive grades will reduce your certification hours.

### 20 UCF VA Deferral Agreement and Authorization / Promissory Note

I hereby apply for a deferral of my registration fees.

**Eligibility:** I understand this VA deferral is contingent upon eligibility and receipt of Veterans Educational benefits. I further understand if my financial aid award of third party deferment does not cover all registration fees, I may be authorized a VA deferral, but only for the amount not covered by financial aid or third party deferment. Finally I understand that deferred fees are to be paid from the first available source (financial aid, third party payment, or VA benefits).

**Student Liability:** I realize that failure to pay my registration fees by the published due date will subject me to appropriate administrative action pursuant to the administrative policies of UCF, including the assessment of a late payment fee. If applicable, notice of failure to pay will be forwarded to the department of Veteran's Affairs as to the reason for the administrative action taken by this institution. I MAY ALSO BE SUBJECT TO COLLECTION AND ATTORNEY FEES.

**Deferral Information:** I understand that my classes will not be automatically dropped for *non-payment* while I am eligible for a VA Deferral.

**Promissory Note:** I have read and understand this VA Deferral Agreement and Promissory Note for the deferment of registration fees. I promise to pay UCF, or order, the amount owed each semester on or before the published VA deferment due date. In the event that I fail to pay the required amount of deferred fees by the published due date, I hereby authorize the University of Central Florida to take necessary action as set forth in this agreement.

\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
WS\_\_\_\_\_  
Date

## VIRTUAL CHECK LIST BRIEFING

Fill out your Name, SSN, Chapter, and previous school. Please initial each statement.

1. "Keep all VA and school paperwork. A record of your certifications is maintained in our files. "
2. "You are responsible to know our procedures and requirements found at [www.va.ucf.edu](http://www.va.ucf.edu). Visit this site at least monthly, for important information on our ATTENTION Box, and the VA Bulletins we email to you during the term will keep you informed."
3. "Our card has our phone, fax, and web address on it. On the back it has the number to call the regional office and the number to verify your enrollment every month." (Info also found in "Contact Us", <http://www.va.ucf.edu/contact/>)
4. "You are paid for the month after you have attended those classes. For example, after attending classes in September, you will be paid for those classes, and will not receive payment until October.  
(Chapter other than 35) "You may get you benefits direct deposited by calling VA at the number on the back of our card and setting it up with them, or you may get your checks mailed to the address on your certification."  
(Chapter 35) "Your checks will be mailed to the address on your certification that you tell us to use."
5. You MUST maintain your email address with Veteran Services and [myUCE](#). We use VSO data for individual emails; we use [myUCE](#) email addresses for mass emails as bulletins.
6. (Non Air Force Personnel) "Your DD-214, AARTS, or SMARTS transcript can be evaluated for military training. We only recommend credit, to get these credits applied to your degree you must go to your college and have them taken out of the 'transferred in as' section of your SASS audit.  
(Air Force) Obtain transcripts from CCAF.
- 7,8,9. "You must inform your Veteran Services Office if you change any contact information, your enrollment in any way, or change your major/minor (ADD or DROP) in any manner. If your major or minor require more hours than you primary program, you MUST obtain special permission for VA benefits. Read or website."
10. "We reiterate - KEEP YOUR EMAIL ADDRESSES CURRENT with [myUCE](#) and Veteran Services."
11. "For every semester that you wish to use your benefits, you must fill out a Cert Form once you have enrolled in the courses for the semester. ONE OR MORE TERMS - ONE CERT FORM. Constantly changing your enrollment or not informing us of changes that you make in your enrollment may result in your file being earmarked for certifying at the end of add/drop, regardless of when you submitted your Cert Form."
12. "Tuition and fees will only be deferred if you certify before the end of the add/drop period. This is the first Friday of the term."
13. "Only courses that apply to your program may be certified."
14. (Chapter 30, 1606, and 1607 only) "At the end of every month you must verify that you are still enrolled for the hours that you reported at the beginning of the semester. You may do this by calling the bottom number on the back of the card, or by logging into WAVE. If your certification is waiting for or being processed, electronic verification will say in error that there is no record of your certification. Continue to try to verify every few days."
15. "If you are taking any transient courses, you must fill out a transient form and give us a copy. You may use the electronic ([www.facts.org](http://www.facts.org)) or the manual (4-part) form to establish your transient status. Read our website for guidance."
16. "You must, within 30 days of completion, submit a transcript for the transient course that VA paid benefits. If not, you will not be able to certify further. You should have the transcript sent to Veteran Services so we know of its submittal. If you send it to the Registrar's Office, it may take weeks to be process and scanned into our Scan Doc system."
17. "You are authorized a \$600 emergency short-term loan through financial aid."
18. "You must maintain a 2.0 or show progress if your GPA slips below this."
19. "If you receive a N, NC or Admin Drop, your certification will be adjusted, and an overpayment will occur."
20. "Please read and sign at the bottom. This states that even if you don't receive any money from the government by the deferral date, that you are still held accountable to pay for your enrollment."