

INITIAL DISCLOSURES FOR CERTIFICATION OF VETERANS BENEFITS

*Please complete this form and return it with the required documents to The Office of the Registrar, 1810 Lutheran Synod Drive, Salisbury, NC 28144. You cannot be certified for benefits until all required documents are received and evaluated. **Certifications will be completed after the end of the drop/add period.***

NAME _____ VA FILE# _____

SOCIAL SECURITY# _____

ADDRESS _____ DAYTIME PHONE# _____

E-MAIL ADDRESS _____

PROGRAM (if MTS indicate concentration) _____

Are you currently Active Duty? ____ Yes ____ No

_____ (If you're not sure of your eligibility, contact the VA at
Chapter # (30, 33, 35, 1606, 1607, 31 VR&E) 1-888-442-4551)

1. Have you applied for VA educational benefits ____ Yes ____ No (If no, you must complete a VA application on-line: <https://www.va.gov/education/how-to-apply/>)

In addition to the first two steps the following form must be submitted to The Office of the Registrar, before benefits can be certified: (If you have previously submitted this information please indicate by the requested item.)

____ A completed Registration online (or by paper form) for classes

Admissions requirements must be met before benefits can be certified.

____ You must complete an application for admission and be accepted by Hood Theological Seminary.

____ You must submit official transcripts from **ALL** colleges attended and the transcript(s) must be evaluated.

Please list ALL colleges attended and request transcripts to be sent to the Registrar.

_____	_____
_____	_____
_____	_____

(Please continue on the reverse side.)

Student Responsibilities

Please read and initial each item:

- _____ I understand that I cannot receive education benefits for courses that are not required for my degree program.
- _____ I understand my conduct is monitored and will be reported to the VA if I am suspended or dismissed because of unsatisfactory conduct.
- _____ I understand that I must report **immediately** to the Registrar any changes to my address or degree program and any deployment.
- _____ I understand that I must register for courses each semester/term before I can be certified for benefits.
- _____ I understand that the VA will hold me responsible for any overpayment of my educational benefits.

Student's Signature _____ **Date** _____