Hood Theological Seminary
Theological Preparation for Effective Ministry in a Diverse Society

INITIAL DISCLOSURES FOR CERTIFICATION OF VETERANS BENEFITS

Please complete this form and return it with required documents to the Hood Seminary Registrar Nancy Baker, 1810 Lutheran Synod Drive, Salisbury, NC 28144 nbaker@hoodseminary.edu. 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, Voc Rehab)   1-888-442-4551)

1. Have you received VA educational benefits at another college? _____Yes _____No (If yes, you must submit a VA form 22-1955 (veterans) or 22-5495 (dependents) and send a copy to Nancy Baker at Hood. Download at http://www.va.gov/vaforms/search_action.asp?FormNo=&tkey=change+of+program&Action=Search

2. Have you applied for VA educational benefits _____Yes _____No (If no, you must complete a VA application on-line: http://vabenefits.vba.va.gov/vonapp/main.asp)

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

_____A copy of your Certificate of Eligibility
_____A completed Registration 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 _____**