**VA Semester Certification/Funding Request**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Benefit Chapter:

 ALGI Scholarship [ ] 30 MGIB [ ] 31 VOC/REH [ ] 33 Post 9/11 [ ] 35 DEA [ ] 1606 MGIB-SR

Please add funds and/or certify my enrollment for the eligible classes in which I am registered for the following semester:

Term: [ ]  Fall 20\_\_\_ [ ]  Spring 20\_\_\_ [ ]  Summer 20\_\_\_ Number of Hours \_\_\_\_\_\_

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

OFFICE USE ONLY:

Office Visit [ ]  Email request [ ]  Phone request [ ]

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