



## VA ENROLLMENT CERTIFICATION FORM

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

LOCATION:

- TRENHOLM CAMPUS
  PATTERSON SITE

CHECK VA CHAPTER (SELECT ONE):

- CH 30- MONTGOMERY GI BILL  
 CH 35- SURVIVORS' & DEPENDENTS' ASSISTANCE VA FILE NUMBER: \_\_\_\_\_  
 CH 31- VOCATIONAL REHABILITATION  
 CH 33- POST 9/11 GI BILL  
 CH 1606 MONTGOMERY GI BILL SELECTED RESERVE

PLEASE INDICATE THE SEMESTER AND YEAR FOR CERTIFICATION:

- FALL \_\_\_\_\_
  SPRING \_\_\_\_\_
 SUMMER \_\_\_\_\_

PROGRAM \_\_\_\_\_

ARE YOU RECEIVING ADDITIONAL RESOURCES OF AID SUCH AS SCHOLARSHIPS, WAIVERS, OR EMPLOYER BASED AID (DO NOT LIST PELL GRANT)? IF YES, PLEASE INDICATE SOURCE: \_\_\_\_\_

**PLEASE LIST REGISTERED COURSE(S) THAT ARE REQUIRED FOR YOUR PROGRAM**

COURSE NUMBER	SEMESTER HOURS	ON CAMPUS/ONLINE

I certify that all information on this form is complete and accurate. I understand that withholding information requested or giving false information may result in my enrollment NOT being certified.

STUDENT SIGNATURE	DATE	PHONE NUMBER

You must submit this form to the Financial Aid Office by email to Breshawn Skinner (bskinner@trenholmstate.edu), fax (334) 420-4343, or in person. Your enrollment cannot be certified until you submit this request. You may call (334) 420-4292 if you have any questions.