

# VETERANS INFORMATION SHEET

**Veterans Educational Services**  
 205 Plumb Hall  
 Emporia, KS 66801-5087  
 (620) 341-5267

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**FAILURE TO COMPLETE THIS FORM EACH TERM WILL TERMINATE YOUR BENEFITS WITH THE ENDING DATE OF THE LAST TERM.**

Name \_\_\_\_\_ VA File Number \_\_\_\_\_

Address you wish the check sent to: \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Degree \_\_\_\_\_

Classification: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_

## CLASS SCHEDULE

Complete this section for all class sessions

Check if retake	Course Number	Course Title	Credit Hour	Office Use Only

Previously attended ESU and received Veterans' Educational Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

On Active Military Duty Yes \_\_\_\_\_ (Enrollment Fees: \$ \_\_\_\_\_)

Veterans Educational Benefits	Chapter 30 _____
Disabled Veterans Program	Chapter 31 _____
Veterans Educational Assistance Program (VEAP)	Chapter 32 _____
Dependents Educational Assistance Program	Chapter 35 _____
Selected Reserve Educational Assistance Program	Chapter 1606 _____
REAP	Chapter 1607 _____

Local Address: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

\_\_\_\_\_ Work Phone No. \_\_\_\_\_

I would like to request advance pay: Yes \_\_\_\_\_ No \_\_\_\_\_

I would like my checks direct deposited: Yes \_\_\_\_\_ No \_\_\_\_\_

**All information on this form is true and complete to the best of my knowledge. I will notify Veterans Educational Services personnel promptly of all changes in my enrollment.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Student)