

Office of Student and Academic Services (OSAS)

UMB ID \_\_\_\_\_ @ \_\_\_\_\_

Student SSN \_\_\_\_\_

Student Name \_\_\_\_\_

Veteran Name (if different from above) \_\_\_\_\_

Veteran SSN (if different from above) \_\_\_\_\_

**TERM**  
(please check)

**STUDENT STATUS**  
(please check)

- SUMMER   
  FALL   
  WINTER   
  SPRING   
  CONTINUING  
 NEW

**YEAR:**

**Please check one:**

- Post 9/11 GI Bill® (Chap. 33)   
  Vet Voc Rehab (Chap. 31)   
  VEAP (Chap. 32)  
 Montgomery GI Bill® (Chap. 30)   
  Depend. (Chap.35)  
 New GI Bill® (Chap. 16)   
  REAP (Chap. 1607)

Please indicate the name and amount of any expected award specifically covering only tuition and fees for the term indicated above:

UMSON participates in the Yellow Ribbon Program to help bridge the gap between Post-9/11 benefits and out-of-state tuitions and fees. Please indicate if you are an out-of-state student interested in applying for the Yellow Ribbon Program.

YES                      NO  
                     

By selecting YES, I certify that I understand that the Yellow Ribbon Program at UMSON is based upon a first-come, first-served basis. I understand that submission is not a guarantee of financial assistance; it is only a means of alerting UMSON as to my interest in the program.

All full-time students are required to have health coverage. Students who do not wish to retain the UMB Student Health Plan must file a waiver. Please indicate if you intend to waive the UMB Student Health Plan

YES                      NO

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Full Name \_\_\_\_\_

Please initial each statement

- All courses that are not successfully completed must be reported to the Veterans Administration. Any change in your registration such as adding or dropping must be reported to this office. You will be given the opportunity to explain why you were unable to successfully complete the course(s). Based on this information, the VA will either accept the explanation and allow payment of benefits up to the date of drop, withdrawal, or failure, or terminate benefits for the course(s), effective the first day of the semester creating an overpayment.
- You must attend classes on a regular basis. If you stop attending class, you must officially drop the course(s), and notify the Scholarship's office of the change in status.
- You must maintain satisfactory academic progress toward the educational objective stated on your VA Application for Benefits.
- You must pursue the coursework as outlined in the Plan of Study required by the School of Nursing. This program must be the same as indicated on the VA Application for Benefits. Courses in which you enroll that are not listed on the Plan of Study will not be certified for benefits.
- VA will not pay for repeated courses unless the course is a graduation requirement and was not passed on the first attempt.
- VA will not pay for auditing courses.
- Credits by examination will not be counted toward enrollment for the receipt of VA benefits.

I have read the above and understand my personal responsibilities in claiming VA benefits. I realize that UMSON is responsible for communicating accurate enrollment data to the VA and that failure on my part to comply with the above conditions jeopardizes my continued receipt of VA educational benefits.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***Students must submit this form and the following documentation prior to being certified:***

- Copy of Certificate of Eligibility (**New Students Only**).
- Copy of Certificate of Release or Discharge from Active Duty: Form DD214\* (**New Students Only**)
- Copy of Change of Program/Place of Training: Form 22-1995 or 22-5495\*. *Student should submit form to the Department of Veteran Affairs prior to requesting certification (New Students Only)*
- Authorization of Certification of Entrance/Reentrance: Form 28-1905 (if Chapter 31) with case manager's approval

Please send your completed and signed form to:

Jenn Volberding

University of Maryland School of Nursing, 655 W. Lombard Street, Room 104, Baltimore, MD  
21201 Or email: [nrsscholarships@umaryland.edu](mailto:nrsscholarships@umaryland.edu)

**This form must be completed for each term benefits are requested.**