



VETERAN'S AFFAIRS EDUCATIONAL BENEFIT CERTIFICATION REQUEST

SCU ID# _____

Student Name: _____ Preferred Name: _____

Trimester: _____ Program of Study _____ Cell Phone# _____

Email: _____

Please attach to this form:

1. Copy of Certificate of Eligibility Letter, if you haven't applied with the university before.
2. Schedule for current trimester
3. Copy of DD214

IMPORTANT NOTICE - You may only take courses that apply to your program of study. If you take courses that do not apply to your major, it will result in overpayment of benefits which you will be responsible. SCU DC and AOM Students you will only be certified for the courses you need to graduate in your major.

Have you ever used the GI Bill before? Yes No
Have you ever attended other Colleges or Military Schools? Yes No

I hereby request that verification of my enrollment as a student at Southern California University of Health Sciences is furnished to the Veteran's Administration.

- I certify that I will be in attendance and I am registered for the courses attached.
- I understand that it is **MY** responsibility to notify the VA Representative at Southern California University of Health Sciences a of my enrollment status.
- I also understand that the school can not be held liable as a result of the overpayment due to:
 - 1) Misrepresentation
 - 2) Mistake of facts
 - 3) Failure to notify the school VA Officer of any course changes

Signature: _____ Date: _____

Please return completed form to: **SCU Financial Aid Office**
16200 Amber Valley Drive, Whittier, CA 90604
Email: FinancialAid@scuhs.edu | Tel: 562-947-8755 ext 766