



## 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](mailto:FinancialAid@scuhs.edu) | Tel: 562-947-8755 ext 766