2019-2020 VA Certification Request

Education benefits may be available to Veterans, Servicemembers, and their families to assist in the costs for the osteopathic medical school. Please visit https://www.va.gov/education/ for additional information about eligibility.

If you would like to request certification of your veteran education benefits at the Arkansas Colleges of Health Education, please submit this completed signed form with supporting documentation to the School Certifying Official in the Office of Financial Aid.

Student Name: ____________________________________________ Student ID #: ______________________
(Print your name) (Available in Student Portal)

Complete current contact information

Mailing Address: __________________________________________
Street or PO Box: __________________________________________
Town: __________________________________________
State: __________________________________________
Zip Code: __________________________________________

Physical Address: __________________________________________
Street or PO Box: __________________________________________
Town: __________________________________________
State: __________________________________________
Zip Code: __________________________________________

E-mail: __________________________________________
Telephone: __________________________________________

If your contact information changes, you must notify the Registrar at registrar@acheedu.org and the Office of Financial Aid at financialaid@acheedu.org immediately.

Submit the following information:

Which benefit will you be using:

☐ 30 (MGIB) ☐ 31 (VR&E) ☐ 33 (Post 9/11)
☐ 35 (DEA) ☐ 1606 (Reserve) ☐ 1607 (REAP)

If you are using transferred entitlement, are you the spouse or child?

☐ SPOUSE ☐ CHILD

Are you on Active Duty?

☐ YES ☐ NO

What is your status?

☐ New VA claimant ☐ Continuing student ☐ Transfer student
Attach Appropriate Documentation

You may submit paper forms to the School Certifying Official, but may retrieve this information online at [https://www.va.gov/education/](https://www.va.gov/education/).

- Form #22-1995
  - If you will be transferring from a previous school you received Veteran Education Benefits or will be changing your program of study at ACHE, please submit a Change of Program or Place of Training Form.
- Certificate of Eligibility
- DD-214
- Other

Request Certification for Terms

Select the Term that you would like certification for the 2019-2020 year. By selecting a term, you are agreeing for all of the courses you will be enrolled in to be certified, since the Doctor of Osteopathic Program is a lock-step program. Please notate in comments if you don’t want certain courses certified for the term you select.

- Fall 2019
- Spring 2020

Comments: ____________________________________________

Certification Statement

I certify the information above is true and I wish the Arkansas Colleges of Health Education to certify for the terms and courses indicated to the VA. I understand I am responsible to the Arkansas Colleges of Health Education for any tuition or fee charges the VA benefits do not cover. If I decide not to attend my classes, I am responsible for dropping them and I must notify the Office of Financial Aid of any schedule change(s). If I do not fulfill this obligation my benefits may be delayed. **If I drop any of my classes, I am required to return the funding that I have been provided.**

Student Signature: __________________________________ Date: __________________

For Administrative Use Only

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Remedials: YES or NO</th>
<th>Credit Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Tuition/semester: $_________</td>
<td>Actual Fees/semester: $_________</td>
<td></td>
</tr>
<tr>
<td>Reported Tuition/semester: $_________</td>
<td>Reported Fees/semester: $_________</td>
<td></td>
</tr>
</tbody>
</table>

WARNING: If you knowingly and willfully provide false or misleading information you may be fined, sentenced to jail, or both.