**Veteran Student Checklist – please return with you Application for Enrollment (effective 2022)**

**Casey & Son Horseshoeing School**

VA Certifying Official: Leslie Bowen

Phone: (706) 397-8909

Email: rcaseysch@aol.com

This form is also available on our website: [www.caseyhorseshoeing.com](http://www.caseyhorseshoeing.com)

**Personal Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Middle Student ID #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Cell Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code Home Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

**Program of Study:**

\_\_\_ Horseshoeing Course I

\_\_\_ Horseshoeing Course II

\_\_\_ Horseshoeing Course III

**Enrollment for Certification:**

Please indicate your enrollment status.

[ ] New Student

[ ] Continuing/Returning Student

[ ] Transfer Student

**Check the VA benefit you plan to use.**

[ ] Chapter 30

[ ] Chapter 33

[ ] Chapter 35 Dependents Education Assistance (DEA) program

[ ] Chapter 1606/1607 Reserve Education Assistance program (REAP)

[ ] Chapter 31 Vocational Rehabilitation

Post 9/11 Education Benefit % \_\_\_\_\_\_\_\_\_\_

Are you receiving HOPE Grant of HOPE Scholarship? [ ] Yes [ ] No [ ] N?A

Have you ever used your education benefits before? [ ] Yes [ ] No

If no, please complete a VA Form 22-1990 (Initial Application for Education Benefits) or if yes, please complete the appropriate VA Form 22-1995 or VA Form 22-5495 (Change Program of Place of Training).

It is the Veteran’s responsibility to provide the following documents to the VA Certifying Official after you have applied for admission:

\* Official Transcripts are required for all previous education and training.

\* Documentation for the purpose of evaluating any prior credit

\* Letter of Eligibility from the Department of Veterans Affairs

[ ] Yes, I understand.

[ ] No, I do not understand.

**For School Personnel Only\*\***

The Veteran submitted official transcripts.

 [ ] Yes

 [ ] No

**For School Personnel Only\*\***

The Veteran submitted documentation for the purpose of evaluating prior credit.

 [ ] Yes

 [ ] No

 [ ] If yes, credit was granted. \_\_\_\_\_\_ Number of hours granted

 [ ] If yes, credit was not granted.

**Veterans Using Chapter 33 Benefits**:

If you change your status from full-time to less than full-time or withdraw from school after the **Add/Drop** period ends, you will receive an **OVERPAYMENT** from the Department of Veterans Affairs which you will be required to repay.

You must verify your monthly attendance on the last day of every month. Veterans and Reservists may call the automated verification line at 1-877-823-2378 or use the WAVE website: www.gibill.va.gov. Veterans using Chapter 33 (Post 9/11) benefits are **NOT** required to verify monthly attendance.

Dependents using (Chapter 35) must call the toll free number to verify attendance: 1-888-442-4551.

For additional information or to check the status of your education benefits please contact the VA Regional Office at 1-888-442-4551 or on-line at [www.gibill.va.gov](http://www.gibill.va.gov). Select questions and answers to send a secure e-mail to the Department of Veterans Affairs.

**Veterans' Statement of Understanding:**

I understand that before I can be certified for enrollment, **I must** provide a written record or a copy of my “official transcripts” of prior education and training from every college/university previously attended.

**“You are responsible for any remaining tuition fees, payments not covered by your education benefits, scholarships, grants, loans etc. You will not be certified for continued studies until payment has been resolved and your student account is paid in full.”**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Veteran**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Certifying Official**