

University of the Incarnate Word Veteran's Scholarship Application

Name: _____ PIDM or SSN: _____

Address: _____ City, State, Zip _____ [] Address Change

Telephone: Home _____ Work: _____ E-Mail _____

Degree: _____ Major: _____

Student Academic Program: [] Main Campus [] ADCaP [] Universe Online

Semester scholarship is requested: _____

Have you previously applied for the UIW Veterans Scholarship? [] Yes [] No

Amount of hours currently enrolled into? _____ Are you pending graduation? [] Yes [] No

VA Chapter: [] 30- MGIB [] 31- Voc Rehab [] 1606- Reserves [] 35- Dependent [] 1607- REAP [] 33-Post 9/11 GI Bill

If a Chapter 33 Post 9/11 Recipient, what percentage of benefits are you receiving? _____

Student Status: [] New at UIW [] Have attended UIW: Last semester Attended _____ [] Transfer

Previously used VA Educational Benefits: [] No [] Yes, at: [] UIW [] Other College: _____

Are you on active duty? [] Yes [] No Are you also using your active duty TA? [] Yes [] No

Student Agreement to Apply for Veterans' Scholarship Request

I agree the above information is correct. I will notify the VA Coordinator of any changes to my enrollment or benefit status. I assume FULL responsibility of reimbursement of funds to UIW should an over-payment occur as a result of this application.

Student's Signature

For Office Use Only

Remarks: _____

Student VA Chapter: [] 30- MGIB [] 31- Voc Rehab [] 1606- Reserves [] 35- Dependent [] 1607- REAP
[] 33-Post 9/11 GI Bill

If Chapter 33 Post 9/11 Recipient, percentage of benefits received. _____