Instructions for Applying for VA Benefits

Required Documents:

- **Certificate of Eligibility** (can be applied for online [here](#), or in person at the nearest VA Office). Allow 30 days for a decision on eligibility. Send to Financial Aid and Registrar’s Office. Information Required:
  - Social Security number
  - Military history
  - Basic information about the school or training facility where you want to attend.
  - Bank account direct deposit information
  - Education history

- **DD-214 Form**, condition of discharge. If you do not have this form, see [here](#) for application procedures. Allow “several weeks to several months” to receive this form from the Department of Defense. Information Required:
  - The veteran’s complete name used while in service
  - Service number
  - Social security number
  - Branch of service
  - Dates of service
  - Date and place of birth (especially if the service number is not known).

- **Yale School of Management Veterans Benefits Form** (attached below). Information Required:
  - Current mailing address
  - Social security number
  - Benefit chapter number

Contact:

- Your primary contact for this process with be Scot Bearss. Phone: 203-436-9890; Email: scot.bearss@yale.edu
Certification Request for Veterans Affairs Education Benefits

Complete and return to Scot Bearss (Executive Education). Include a copy of your letter of eligibility from the VA and your Certificate of Discharge: DD214

Participant Information

Last Name: _____________________ First Name: ____________________ SSN: _______________________

Current Mailing Address: ________________________________________________________________

Telephone Number: ____________________________  Cell phone ☐  Home phone ☐

Benefit Information

I request that Yale School of Management (SOM) certify my enrollment for VA Education Benefits for:

☐ Chapter 31 (Vocation, Rehabilitation, and Employment)  ☐ Chapter 30 (Montgomery)

☐ Chapter 33 (Post-9/11 GI Bill)  ☐ Chapter 35

☐ Other (specify): _______________________

Student Signature: ______________________________________  Date: ________________________

Office Use Only

Program: ____________________________________________________________

Dates: ________________________________________________________________

Clock Hours: _________________________________________________________

Fees: _________________________________________________________________

Date certified with VA-Once: ________________________  Certifying Official: ____________________