

Request for Supplemental Certificate
ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM

VETERAN IDENTIFICATION

Name: _____ VA File #: _____

SECTION I -- STUDENT IDENTIFICATION

Name: _____ SSN: _____

Address: _____ Phone: _____

(City, State, Zip)

Email: _____

SECTION II -- SCHOOL DATA

A. (1) The new school you are requesting to transfer to:

(2) Date you expect to enroll: _____

(3) If a technical course, give NAME and LENGTH of new course:

(Signature of Student)

Date

SECTION III -- SCHOOL CERTIFICATION (This section must be completed by an official at the school reflected on the students last Certificate of Eligibility prior to submission to the Department of Veterans Affairs.)

I certify that the following information includes the dates of attendance and the accompanying hours for all semesters that the above named student has been/will be billed for under their current certificate for the Alabama G.I. Dependents Scholarship Program. Additional signed pages may be attached as needed:

Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed

Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed

Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed

(Signature of School Official)

(Print School Name)

(Official Title)

(Phone)

SECTION IV--

MAIL or FAX COMPLETED REQUEST TO:
Alabama Department of Veterans Affairs
P.O. Box 1509
Montgomery, Alabama 36102-1509
Fax: (334) 353-4078

Allow 30 Working Days Processing Time