

Information Sheet for Claiming Veterans – TC4900A

SMU ID: 48477005SSN: 523-41-6205

Name:

Johnson

(Last)

Cleveland

(First)

Daniel

(Middle)

Local Address:

1079 Sunny Hill Dr

(Street)

Columbus OH

(City)

(State)

43221

(Zip)

Phone: (614) 747-6935SMU Email: johnsoncd@smu.eduAre you the veteran, spouse or dependent? ☒ Veteran ☐ Spouse ☐ DependentIf veteran, please indicate branch of service: ArmyAre your VA benefits paid under the Fry Scholarship? ☐ Yes ☒ NoWill you be receiving Tuition Assistance (not including VA benefits)? ☐ Yes ☒ No (If yes, please attach a copy.)Will you be receiving any employment-based aid or assistance? ☐ Yes ☒ NoTerm (in which benefits will begin): Winter Term 2020

NOTE: We cannot certify terms after 30 days past the term begin date.

You will receive benefits as a (please check one):

☐

Chapter 1606, Montgomery GI Bill, Selected Reserve

☐

Chapter 1607, Reserve Educational Assistance Program (REAP)

☐

Chapter 30, Montgomery GI Bill

☐

Chapter 31, Disabled Veteran

☐

Chapter 32, Veterans Educational Assistance Program (VEAP)

☒

Chapter 33, Post 9/11 GI Bill

Percentage of Eligibility 100Date Entitlement Ends 9/1/23

Months of Entitlement left _____

Has another institution certified you under Chapter 33 for the current academic year? ☐ Yes ☒ No (If yes, indicate school and dates below.)☐

Chapter 35, Survivors' and Dependents' Educational Assistance Program (DEA)

VA Claim Number is required: _____

☐

Active Duty

Level of Study (Bach/Master): MasterMajor: Data ScienceHave you ever received benefits? ☒ Yes ☐ No

If yes, you must submit the VA Form Change of Program/Change of Place to VA and submit a copy to us.

Is this your first term to receive benefits at SMU? ☒ Yes ☐ No

List all post-secondary schools, other than SMU, you've attended:

Institution

Dates/Terms Attended

Used VA benefits?

The Ohio State University12/15 - 12/16Yes

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PLEASE READ CAREFULLY AND SIGN


☒ I understand that overpayment of benefits may occur if I change the number of hours enrolled or if I withdraw from the University. It is my responsibility to immediately notify the VA Certifying Official upon any reduction or increase in hours, or termination of enrollment.

☒ I understand that I MUST request SMU (Registrar's Office) to certify me each semester I am enrolled.

☒ I understand only degree required courses will be certified with VA. It is my responsibility to financially cover any course I choose to enroll in that does not meet a degree requirement.

☒ I understand it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from Veterans Affairs are not received or payment does not cover the balance in full.

☒ I understand that if I drop a course with a grade of W, I am responsible for paying back money to VA.


(Signature)10/14/26
(Date)

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SMU

Office of Financial Aid Veterans Benefit Form

This form must be completed and returned to Financial Aid before your benefit will be applied to your student account.

Please indicate which VA type(s) you will receive:

- ☐ Chapter 30 – Montgomery GI Bill
- ☐ Chapter 31 - Vocational Rehabilitation
- ☒ Chapter 33 - Post 9/11 GI Bill

Percentage of eligibility 100

Amount of coverage remaining: 26 Months 7 Days

- ☐ Chapter 33 Fry: Marine Gunnery Sergeant John David Fry Scholarship
- ☐ Chapter 35 - Dependents Educational Assistance Program
- ☐ Chapter 1606 - Selective Reserve
- ☐ Chapter 1607 - Reserve Educational Assistance Program (REAP)

I acknowledge SMU's policy regarding Veteran's Affairs. I recognize that it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from Veterans Affairs are not received or payment does not cover the balance in full.

Student Signature

Print or Type Name

Cleve Israel Johnson

SMU ID

Date

48477005

10/14/20

Yellow Ribbon Program Application – TC4900B

SMU ID: 48477005

SSN: 523-41-6205

Name: Johnson (Last) Cleveland (First) Daniel (Middle)

Local Address: 1079 Sunny Hill Dr (Street) Columbus (City) OH (State) 43221 (Zip)

Phone: (614) 747-6935 SMU Email: johnsonec@smu.edu

Level of Study: ☐ Undergraduate or ☒ Graduate

Major: Data Science

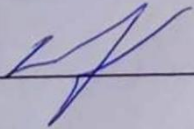
I wish to apply for the Yellow Ribbon Program at Southern Methodist University to use with my

Post 9/11 GI Bill benefits for the Winter 2020 semester.

☒ I understand if I am not making satisfactory academic progress and I am placed on academic probation I lose my Yellow Ribbon funding. (Check box is a required field.)

I understand that I am responsible for knowing how much entitlement is remaining and the remaining balance of my GI Bill and Yellow Ribbon benefits.

I understand that SMU's Yellow Ribbon participation (amount available and number of students) can change each academic year. It is my responsibility to understand this and be aware that changes can occur.

Signature: 

Date: 10/14/20

For Office Use Only

Date application received: _____

Processed by: _____

Chapter 33 percentage of eligibility: _____

Eligible: ☐ Yes☐ NoCheck One: ☐ GCox☐ Grad Dedman☐ Law☐ Meadows☐ MSDS☐ UG☐ Theology☐ Grad Simmons☐ GuildhallApproved: ☐ Yes ☐ No

Reason, if not approved: _____