

File Database Entry Sheet



Jag Number: _____

Name: _____
(First) (MI) (Last)

SSN: _____ **Date of Birth:** _____
Month Day Year

JagMail: _____ **Other Email:** _____

Primary Phone: _____ **Other Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Degree Information:

Major: _____ **Minor:** _____

Please Select your Military Affiliation:

- Veteran
- Active Duty
- National Guard/Reserves
- Spouse
- Dependent

Please Select Branch of Service Affiliation:

- Army
- Air Force
- Space Force
- Navy
- Marine Corp
- Coast Guard

Choose Benefit Type:

- Ch. 30 Montgomery GI Bill – Active Duty
- Ch. 31 Veteran Readiness and Employment (VR&E)
- Ch. 33 Post 9/11 Veteran/Active Duty
- Ch. 33 Post 9/11 Spouse/Dependent
- Ch. 35 Dependents Education Assistance (DEA)
- Ch. 1606 selected Reservces Montgomery GI Bill
- ANGEAP
- Alabama GI Dependent Scholarship
- Military Tuition Assistance (TA)
- FRY Scholarship
- STEM Scholarship
- Military Sponsored Program

If you are using Chs. 30, 31, 33, 35, and 1606:

Have you applied for your Certificate of Eligibility at VA.gov? NO YES

If yes, have you sent your Certificate of Eligibility to vets@southalabama.edu? NO YES

If you are using Ch. 35 Dependents Education Assistance (DEA), please provide the Veteran Sponsor's Full Name and SSN:

Sponsor's Name: _____ **Sponsor's SSN:** _____

If you are using Ch. 31 Veteran Readiness and Employment (VR&E), Please Provide your VR&E Counselor's Name and Email:

VR&E Counselor's Name: _____ **Email:** _____

If you are in a Military Sponsored Education Program, please select the following:

Army Medical

U.S. Army Medical Center of Excellence

Other: _____

Air Force Medical

Naval School of Health Sciences