



Veteran Resource Center Student Intake Form



Student ID:

Personal Information

Last Name:	First Name:
Personal Email:	School Email:
Phone #	Mailing Address:

Military Information

Branch of Service:

Army	<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>
Navy	<input type="checkbox"/>	Marine Corps	<input type="checkbox"/>	Guard/Reserve	<input type="checkbox"/>

Post-9/11 Veteran:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Dependent (Child/Spouse of a Veteran):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Education Information

What is your degree, major, and/or certificate at Delta College?

***Must be an approved Delta program**

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If you are using benefits, select which one(s) you will be using?

Post 9/11 (Ch. 33) <input type="checkbox"/>	Montgomery GI Bill (Ch. 30) <input type="checkbox"/>	Voc Rehabilitation (Ch.31) <input type="checkbox"/>	Select Reserve (1606) <input type="checkbox"/>	VRRAP <input type="checkbox"/>
REAP (1607) <input type="checkbox"/>	Dependents (Ch. 35) <input type="checkbox"/>	Cal Vet Tuition FeeWaiver <input type="checkbox"/>	Tuition Assistance <input type="checkbox"/>	No Benefits

List any prior colleges/universities you have attended:

1.
2.
3.
4.