



Veterans/Dependents Benefits Enrollment Form

Social Security Number _____ - _____ - _____ Case File # _____ - _____ - _____

Full Name _____

Mailing Address _____

Phone # _____ Work Phone # _____

Status: Vet _____ Spouse _____ Child _____

Date Entered Active Duty ____/____/____ Male _____ Female _____

Married _____ Single _____ # of Dependents _____

Academic Information

High School Diploma _____ GED _____ None _____

Do you have a degree? No _____ AA/AS _____ BA/BS _____

Major: _____

All Colleges attended other than SRJC # of Units

Are all of your transcripts on file with SRJC? Yes _____ No _____