



Veterans Information Form

(Please PRINT)

First name Middle name Last name

Social Security #: _____

Chapter (circle one): 1606 1607 30 31 33 35*

IF Chapter 35 (Dependents/Survivors), what is the name AND file number on whose account benefits are claimed?

Name File Number

Also, **if Chapter 35**, are you a (circle one): Spouse 1st dependent attending college 2nd dependent

Program of study (degree) at Helena College that you will seek: _____

Do you have any transfer credits from any other college? Yes No

Have you attended Helena College in the past? Yes No

Your Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

The Veteran's Mentoring Program at Helena College provides incoming veterans and dependents of veterans with assistance transitioning to college. The peer mentor will be a point of contact for information, encouragement, and support, giving tips, advice and guidance to new students. Would you like to have a mentor? Yes No