



## 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  
    1<sup>st</sup> dependent attending college  
    2<sup>nd</sup> 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\_\_\_\_\_