

CNM Veterans Resource Center

Please provide the following information and answer the questions below.
Information you provide here is protected as confidential information.

Name: _____ Today's Date: _____

Branch of Service: _____

Dates of Service: _____

CNM Student ID: _____

Address: _____

Phone: _____ Email: _____

Your highest grade completed: _____

Are you currently enrolled in school?: Yes _____ No _____

Current Program of Study: _____

VA Program you are using?

_____ Chapter 30 (Montgomery GI Bill – Active Duty (MGIB-AD))

_____ Chapter 33 (Post 9/11 GI Bill)

_____ Chapter 31 (Veteran Readiness & Employment (VR&E))

VA Counselor: _____

_____ Chapter 35 (Survivor & Dependent Benefits)

Age: _____

_____ Don't Know or Other (explain): _____

Housing: stable _____ unstable _____

Employed: Yes _____ No _____

Academic Concerns: _____

VRC Intake Checklist

YES	NO	Check List Items	Date	W/S Name
		Initial Veteran/Dependent Intake Sheet:		
		Enrollment/Admissions:		
		Education Benefits Application (CH 30, 31, 33, 35):		
		Upward Bound Appointment:		
		Accuplacer Testing:		
		Meet with Academic Advisor:		
		Online CNM New Student Orientation:		
		Register For Classes:		
		Student ID (bus pass):		
		Financial Aid Application/Direct Deposit Setup/CNM Book/Scholarship Application:		
		Military/School Transcripts (CCAF for Air Force/JST for all other branches):		
		Parking Pass Application (General/Paid):		
		Certify Schedule (COE)		
		Apply for VA Work-Study:		