

Request for Supplemental Certificate
ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM

VETERAN IDENTIFICATION

Name: _____ VA File #: _____

SECTION I -- STUDENT IDENTIFICATION

Name: _____ SSN: _____

Address: _____ Phone: _____

(City, State, Zip)

Email: _____

SECTION II -- SCHOOL DATA

A. (1) The new school you are requesting to transfer to:

(2) Date you expect to enroll: _____

(3) If a technical course, give NAME and LENGTH of new course:

(Signature of Student) _____
Date

SECTION III -- SCHOOL CERTIFICATION (This section must be completed by an official at the school reflected on the students last Certificate of Eligibility prior to submission to the Department of Veterans Affairs.)

I certify that the following information includes the dates of attendance and the accompanying hours for all semesters that the above named student has been/will be billed for under their current certificate for the Alabama G.I. Dependents Scholarship Program. Additional signed pages may be attached as needed:

_____	_____	_____	_____
Inclusive Semester Dates	Hours Billed	Inclusive Semester Dates	Hours Billed

_____	_____	_____	_____
Inclusive Semester Dates	Hours Billed	Inclusive Semester Dates	Hours Billed

_____	_____	_____	_____
Inclusive Semester Dates	Hours Billed	Inclusive Semester Dates	Hours Billed

(Signature of School Official)

(Print School Name)

(Official Title)

(Phone)

SECTION IV--

EMAIL or FAX COMPLETED REQUEST TO:

supplementalrequests@va.alabama.gov

FAX: 334-353-4078

Allow 30 Working Days Processing Time