

# Veterans Assistance Form

Student Full Name \_\_\_\_\_

Student SS# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

(you will receive a confirmation email from the VA office once school certification is complete)

Benefit Type (ie chapter 33 please be specific) \_\_\_\_\_

If the student is a dependent using parent/spouse benefits, please provide their:  
name, social security number or 8 digit claim #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete and return to PCAD Financial Aid Office:

Email: [finaid@pcad.edu](mailto:finaid@pcad.edu)

Fax: 717.945.7342

Mail: Pennsylvania College of Art & Design, ATTN: Financial Aid Office, 204 N. Prince Street, PO Box 59, Lancaster, PA 17608-0059