

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 (*e.g.*, 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: vfrank@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