



# The Institute of Production & Recording

## MILITARY STUDENT ENROLLMENT CERTIFICATE

**Directions:**

Please return your completed form and a copy of your DD214 (needs to show Honorable discharge) and/or other supporting documents; Military ID if still serving, LES, unit letter etc. to: **Your Campus Financial Aid Office ASAP**  
 Please be aware that your IPR assigned student email account is the IPR's official means of communication with you. Please check your account frequently throughout the quarter.

**Military Branch (you or your spouse/parent):** Army Navy Marine Corps Air Force Coast Guard

**Military Status (you or your spouse/parent):** Active Drilling Guard Drilling Reserve Veteran Retired

**Are you the Family Member?:** Yes No **I am a:** Spouse Son Daughter

<b>Home Campus</b>	<b>Social Security number</b>	<b>Student Name (Last, First, MI)</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Email Address</b>	
<b>Academic program</b> <input type="checkbox"/> Diploma <input type="checkbox"/> AAS <input type="checkbox"/> BS <input type="checkbox"/> Master's Program Name: _____					
<b>IPR Qualifying questions:</b>					
<ul style="list-style-type: none"> <li>• Did you (or your spouse or *parent) receive an Honorable discharge? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• If you are on active duty or currently drilling, <u>what is your current Unit &amp; City:</u> _____</li> <li>• Were you (or your spouse or *parent) awarded the <b>Purple Heart</b>? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• Have you (or your spouse or *parent) actively served since 09/11/2001? <input type="checkbox"/>Yes <input type="checkbox"/>No <b>How Long on active duty?</b> _____  <i>(*Parent – the student is a dependent according to Title IV – ask your Financial Aid officer)</i></li> </ul>					
<b>Check your benefit program(s):</b> you may qualify for more than one benefit – please ask us how.					
<input type="checkbox"/> Active duty/Veteran Ch. 30 or <input type="checkbox"/> Ch. 33-Post 9/11 or <input type="checkbox"/> Voc Rehab Ch 31 <input type="checkbox"/> Guard/Reserves Ch. 1606 or <input type="checkbox"/> REAP Ch. 1607 <input type="checkbox"/> DEA Ch. 35					
<b>Do you have Other Military Education Benefits or scholarships? (Please list):</b>					
<b>You must apply online through the Veterans Online Application VONAPP Questions.</b>					
<a href="https://www.ebenefits.va.gov">https://www.ebenefits.va.gov</a>					
Have you submitted a <u>Change of Program/Place of Training</u> form to the VA? VA Form 22-1995 (Ch. 30, 33, 1606, 1607) or VA Form 22-5495 (Ch. 35)					
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes-when? _____					
<b><u>If you have never received benefits,</u></b>					
Have you submitted an application to the VA? VA form 22-1990 (Ch. 30, 33, 1606, 1607) or 22-5490 (Ch. 35) <input type="checkbox"/> Yes <input type="checkbox"/> No					

**STUDENT CERTIFICATION**

Application Deadlines might apply – see your Financial Aid office for details

Student signature	Date
-------------------	------

OFFICE USE ONLY

Campus:	Academic program:
1 <sup>st</sup> Quarter to be certified? <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	
<b>Eligibility: Military Active/Retired Duty Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No // <b>Military Active Duty/Retired Scholarship (for dependents)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Military Advantage Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No // <b>Purple Heart Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No // <b>Military Service Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Comments: DD Form 214 MUST list the "Character of Service" – Honorable. (All others must be sent to the DMSS for review)</b>	
Application / change form submitted: <input type="checkbox"/> Paper <input type="checkbox"/> VONAPP ****VA ONCE - Date mailed/transmitted: _____	
Documentation received: <input type="checkbox"/> DD 214 or NGB 22 <input type="checkbox"/> Military ID card <input type="checkbox"/> Military orders/LES/ Unit letter <input type="checkbox"/> Kicker agreement <input type="checkbox"/> NOBE	
Staff-print name	Date