

## **MILITARY AND VETERAN TUITION RATE APPLICATION**

Please submit this form and all supporting documents to: militarybenefits@thechicagoschool.edu					
STUDENT	NAME:		_	STUDENT ID #:	
School E-M	AIL:	PHONE #:		_ CAMPUS:	
TERM AND	YEAR: DEGREE LEVEL:	PROGR	AM:		
spouses a	y personnel of the U.S. Military or National Guard and their and dependents may be eligible for the Military Tuition Rate. The United States armed forces.				
applied to	y personnel: A student should identify membership to one of t future semesters only and is not retroactive for current or pric Statement (LES). A student may be required to resubmit docu	or semesters. Military p			
future sem	A student should identify membership to one of the aforement nesters only and is not retroactive for current or prior semested 2 copy), DD256, or NGB Form 22.				
	utilizing the GI Bill must work closely with School Certifying C t with the Veterans Administration. The Chicago School will c				he certification of
	ry and Veteran Tuition Rate cannot be combined with other spact the Military Benefits Team at 1-800-595-6938, option 2, 3		r questions and	information on the Military and V	eteran Tuition
l am one	of the following:				
	Active duty personnel, reserve, or a National Guard m	ember			
	U.S. veteran (Army, Marines, Air Force, or Coast Guard)				
	Spouse or dependent of active duty personnel, reservist, National Guard member, or U.S. Veteran				
Require	d supplemental forms				
	A copy of most recent earnings Leave & Earnings Stat	ement (Military)	DD2	14, DD256, or NGB Form 22	(Veteran)
Required	supplemental forms – Spouses and dependents				
	Marriage Certificate (Spouses) DD21	4, DD256, or NGB F	orm 22		
A copy of Federal 1040 Income Tax Return showing dependency (Dependents)					
I certify that I am active duty personnel, reserve, National Guard, U.S. veteran, or the spouse or dependent of military personnel or U.S. veteran and the attached documents are valid. I acknowledge that The Chicago School has my permission to validate these documents by contacting the appropriate parties. I also understand that I must remain enrolled in the aforementioned eligible programs in order to continue to receive the tuition rate.					
STUDENT SIGNATURE.			DATE:		