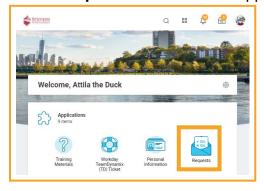


# **Create Requests – Military Benefits Application**

Quick Search: **Create Request** 

#### STEP 1

Select **Requests** located in the Applications section on your Workday homepage.



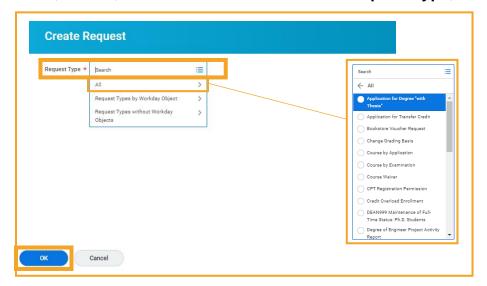
### STEP 2

Select Create Request located in the Actions section.



## STEP 3

Enter, Search, or Select All to view and select Request Type, then select OK.





Military Benefits Application
Please speak with the Office of Financial Aid for matters related to FAFSA/scholarships/grants.
For matters related to billing, speak with Bursar/Financial Services. (Both offices are located in the Student Service Center, 1st floor, Howe Center.)

Student CWID (8 digits): (Required)	
0	
Student's Full Name (Required)	
	<i>2</i> 0
Stevens Student Email (Required)	
	<i>72</i> )
Phone Number: (Required)	
0	
U	
Academic Level (Required)	
Undergraduate	
Graduate	
Program of Study: (Required)	
Expected Graduation Term (Required)	
○ Fall	
Spring	
Summer 2	
Is this your first semester? (Required)	
○ Yes	
○ No	



Semester you would like to be certified for: (Required)		
○ Fall		
Winter		
Spring		
Summer		
Summer 1		
Summer 2		
Benefit (Required)		
Chapter 30: Montgomery GI Bill		
Chapter 31: Vocational Rehabilitation		
Chapter 33: Montgomery GI Bill (Post 9/11)		
Chapter 33: STEM Scholarship		
Chapter 35: Dependent of 100% Disabled Veteran		
Chapter 1606: Montgomery GI Bill (National Guard or Reserve)		
Tuition Assistance		
○ Fry Scholarship		
Chapter 1607: Reserve Educational Assistant Program		
Yellow Ribbon (Required)		
○ Yes		
○ No		
Student Status (Required)		
○ Active		
Reserve		
○ Veteran		
National Guard		
O Dependent Child		
O Dependent Spouse		



Military Branch (Required)
minus panon froduicos
○ Army
Army National Guard
Air National Guard
○ Navy
○ Air Force
○ Coast Guard
Marine Corps
Select yes as as confirmation you have read and understood your responsibilities for certification below:
I hereby request that the School Certifying Official (SCO) submit my enrollment information as indicated on this form to the Department of Veteran Affairs
I understand that the SCO is responsible for notifying the VA promptly of any changes made to my enrollment and that I, Stevens or both may be liable for fees and/or overpayment as a result of these changes.
I understand I must notify the SCO immediately if I drop, withdraw, or stop attending any and all of my classes.
I understand that I must maintain Satisfactory Academic Progress (SAP) to retain my benefits, failure to maintain SAP can result in loss of my benefits.
I understand once I am certified, certifications will not be canceled unless I am no longer enrolled for the term certified.
I promise to notify registrar@stevens.edu of any enrollment or program changes. (Required)
○ Yes
○ No
onter vour comment
enter your comment
Attachments
Actuominents
Drop files here
OF
Select files
Submit Save for Later Cancel