

**Request for Supplemental Certificate**  
**ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM**

**VETERAN IDENTIFICATION**

Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

**SECTION I -- STUDENT IDENTIFICATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**SECTION II -- SCHOOL DATA**

A. (1) The new school you are requesting to transfer to:

\_\_\_\_\_

(2) Date you expect to enroll: \_\_\_\_\_

(3) If a technical course, give NAME and LENGTH of new course:

\_\_\_\_\_

\_\_\_\_\_

(Signature of Student)

\_\_\_\_\_

Date

**SECTION III -- SCHOOL CERTIFICATION** (This section must be completed by an official at the school reflected on the students last Certificate of Eligibility prior to submission to the Department of Veterans Affairs.)

I certify that the following information includes the dates of attendance and the accompanying hours for all semesters that the above named student has been/will be billed for under their current certificate for the Alabama G.I. Dependents Scholarship Program. Additional signed pages may be attached as needed:

\_\_\_\_\_ Inclusive Semester Dates \_\_\_\_\_ Hours Billed \_\_\_\_\_ Inclusive Semester Dates \_\_\_\_\_ Hours Billed

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\_\_\_\_\_ Inclusive Semester Dates \_\_\_\_\_ Hours Billed \_\_\_\_\_ Inclusive Semester Dates \_\_\_\_\_ Hours Billed

\_\_\_\_\_ (Signature of School Official)

\_\_\_\_\_ (Print School Name)

\_\_\_\_\_ (Official Title)

\_\_\_\_\_ (Phone)

**SECTION IV --**

MAIL or FAX COMPLETED REQUEST TO:  
Alabama Department of Veterans Affairs  
P.O. Box 1509  
Montgomery, Alabama 36102-1509  
Fax: (334) 353-4078

**Allow 30 Working Days Processing Time**