

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

**VETERAN IDENTIFICATION**

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

**SECTION I -- STUDENT IDENTIFICATION**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

**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

_____	_____	_____	_____
Inclusive Semester Dates	Hours Billed	Inclusive Semester Dates	Hours Billed

_____	_____	_____	_____
Inclusive Semester Dates	Hours Billed	Inclusive Semester Dates	Hours Billed

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

\_\_\_\_\_ (Print School Name) \_\_\_\_\_ (Official Title) \_\_\_\_\_ (Phone)

**SECTION IV --**

**Allow 30 Working Days Processing Time**

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