

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

**VETERAN IDENTIFICATION**

Name: \_\_\_\_\_ VA File #: \_\_\_\_\_

**SECTION I -- STUDENT IDENTIFICATION**

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

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

(City, State, Zip)

Email: \_\_\_\_\_

**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--**

**EMAIL or FAX COMPLETED REQUEST TO:**

supplementalrequests@va.alabama.gov

FAX: 334-353-4078

**Allow 30 Working Days Processing Time**