

Warren County Community College

VA Benefits Certification Request

ALL STUDENTS utilizing Veterans Educational benefits **MUST** complete this form each semester **AFTER** registering for classes. *You should register as soon as possible & complete this certification request.*

Name: _____ Student ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Semester & Year: _____ Major: _____

Have you recently changed your major? ____NO ____YES [Must Complete VA Form 22-1995, Change of Place or Program Form, if changing type of degree (Ex. AAS to AA)]

- New students only:** I understand that I am required to provide the WCCC Veterans Certifying Official with a copy of the **Certificate of Eligibility** or **Notice of Benefits Eligibility** I receive from the VA after my application for this benefit has been processed.

Please Indicate One of the Following:

- I **WILL** be using VA/Military Education Benefits to pay for my tuition at WCCC.

Not sure which benefits for which you are eligible? Review the [VA Benefits Comparison Chart](http://www.vets.gov/gi-bill-comparison-tool) at www.vets.gov/gi-bill-comparison-tool to determine the best suited benefit. For more information contact the **VA Customer Service Office at 1-888-442-4551** or a **VA Benefits Counselor at 1-800 827-1000** or visit www.gibill.va.gov.

- I **WILL NOT** be using VA/Military Education Benefits to pay for my tuition at WCCC.

Please Check the VA/Military Education Benefits You Will Be Using:

- Chapter 30 – Montgomery GI Bill Educational Assistance Program (MGIB) – Active Duty
- Chapter 31 - Vocational Rehabilitation – **Authorization VA Form 28-1905 Required**
- Chapter 32 or Section 903 – Post-Vietnam Era Veterans’ Educational Assistance Program (VEAP)
- Chapter 33 – Post 9/11 GI Bill – **Must submit Certificate of Eligibility (COE) & DD-214s**
I am eligible to receive ____ % of the benefits & if under 100%, I understand I am responsible to pay the balance owed for my charges.
- Chapter 35 – Survivors and Dependents Benefits
- Chapter 1606 - Montgomery GI Bill –Selected Reserve Education Assistance Program (MGIB-SR)
- Chapter 1607 – Reserve Educational Assistance Program (REAP)
- TA – Federal Tuition Assistance – Military Branch: _____
TA Authorization Form must be submitted for processing; failure to do so will require you to make payment arrangements to avoid being dropped from classes for non-payment.
- National Guard Tuition Waiver – In order for the Tuition Waiver to be honored, **YOU MUST:**
- Provide a **Commander’s Certificate of Eligibility** every semester.
 - **Complete FAFSA** (Free Application for Federal Student Aid). & provide any requested documents necessary for review and determination of your Financial Aid eligibility.
 - **Apply for Chapter 33 – Post 9/11 GI Bill Benefits, if eligible** – Unless you intend to transfer entitlement to eligible dependents, these funds will be applied first to your account.
- IF YOU ARE NOT ELIGIBLE FOR CHAPTER 33 (POST 9/11) BENEFITS,**
INITIAL HERE: _____

Must Check the Following (as applicable):

- I have used VA benefits at another school, therefore I **MUST** complete & submit
 - VA Form 22-5495 (if using Chapter 35 as survivor or dependent of a veteran) **or**
 - VA Form 22-1995 (for all other benefits)
- I am **NOT** a “Visiting” Student seeking a degree at another institution; I will be earning my degree at WCCC.
- I **AM** a “Visiting” Student seeking a degree at another institution. I am taking the approved coursework (listed below) at WCCC to transfer back to my “Home” school (_____) where I am pursuing my degree.

Name of Institution

List courses below to be certified to the VA & attach a copy of your class schedule:

| Course # | Course Title | Credits | Required for Program? (Yes / No) |
|----------|--------------|---------|----------------------------------|
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Summer Session(s) Full Time Equivalency Calculation: $\frac{\text{\# of Credits X 18}}{\text{\# of Weeks}}$

Please Read and Initial Each Statement:

- _____ I understand that I must submit this form **AND** a copy of my schedule **EACH SEMESTER** I wish to use my VA Education Benefits.
- _____ I understand that the VA will only pay for REQUIRED COURSES in my program; additionally, they will NOT pay for repeat courses that were completed successfully.
- _____ I understand that I must make Satisfactory Academic Progress, as defined by WCCC.
- _____ I understand that I am responsible for all charges not paid by the VA. Also, if I drop a course and my tuition & fees have been paid to WCCC, I understand that I may have to **repay** this money to the VA.
- _____ I understand that it is ***my responsibility*** to notify Sara McGuire, VA Certifying Official, of any changes to my schedule (**by providing a revised copy of my schedule**) and/or major, status, or address so the information can be reported to the Department of VA.
- _____ I have been advised that I can apply for Financial Aid and explore additional options to assist with my financial responsibilities (if applicable) and have been provided with the necessary Financial Aid information.
- _____ I have been provided with the contact information for a VA Benefits Education Counselor & the Dept. of VA Education Customer Service Office should I have questions or concerns regarding my education benefits.

Signature: _____ Date: _____