

# 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 Chap 33 students only:** I understand that I am required to provide the WCCC Veterans Certifying Official with a copy of the **Certificate of Eligibility (COE)**.

**I give my permission to the WCCC VA School Certifying Official** to view/print my military transcript. \_\_\_\_\_ *please initial*

### 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](http://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](http://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) – AD or SR

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)

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)

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: \_\_\_\_\_