

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: _____

Beginning August 19, 2022, VA no longer requires submission of VA Form 22-1995/5495, 'Change of Program or Place of Training' when a student begins training at a new school or enrolls in a new program at their current school.

- 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 this semester 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 this semester 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, OR INTEND TO TRANSFER ENTITLEMENT INITIAL HERE:** _____

Must Check the Following (as applicable):

- 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 by the VA to WCCC, I understand that I may have to **repay** this money to the VA or WCCC.
- _____ 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: _____