

**Trinity Valley Community College Veteran Info Sheet**

Semester you wish to be certified for VA Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate benefit you will be receiving

Chapter 30 Chapter 33 Chapter 1606 Chapter 1607

Chapter 31 (Name of VA Case Worker Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter 35 (VA File Number Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leaving any section on this form blank could result in a delayed processing of your benefit**

**STUDENT INFORMATION**

TVIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your final semester before graduation: YES ---- NO

Please read the **Benefit Utilization Memorandum of Understanding** on the next page, sign, and deliver this form to the Veterans Services Office located within the Financial Aid Department on the Athens TVCC Campus. Benefits will not be certified if no signature is present on this form.

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**Benefit Utilization Memorandum of Understanding**

1. I understand that as an eligible recipient of VA educational benefits I must complete this form each semester with the Veterans Services Office.
2. In order to receive VA educational benefits I must maintain Satisfactory Academic Progress as listed in the TVCC Catalog.
3. I understand the VA will not pay for withdrawals, non-required courses, or online developmental courses.
4. I understand that late submission of this form may cause delays in receiving my benefits. Priority processing deadline of this paperwork is 30 days before the start date of any given semester.
5. If I receive Chapter 33 (Post 9/11 GI Bill) benefits I understand that any withdrawal from courses potentially holds me responsible for repaying the tuition and fees to the VA, unless otherwise indicated by VA.
6. If I receive Chapter 30 or Chapter 1606 educational benefits I understand that I must verify my enrollment on the last day of each month to receive payment of the educational benefit.
7. I understand that I must be enrolled at least ½ time to receive the Monthly Housing Allowance (also known as BAH).
8. I understand that if I am enrolled exclusively in online courses I will receive a BAH allowance equal to 50% of the national average of all BAH rates.

**The Department of Veterans Affairs expects veterans (and dependents) to pursue an educational objective, regularly attend classes, and make satisfactory progress.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_