

**Trinity Valley Community College Veteran Information Sheet**

**Semester to be certified for VA benefits**: Spring \_\_\_ Summer 1\_\_\_ Summer 2\_\_\_ Mini 3\_\_\_ Fall \_\_\_\_

**TVIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New or returning student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If you are new to TVCC but have attended college on VA Benefits elsewhere you must submit a VA Form 22-1995 or VA Form 22-5495).**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

**Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If you are using Chapter 35 benefits please list your VA File Number and Suffix here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Major**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(If changing major you must submit a VA Form 22-1995 or VA Form 22-5495).**

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(A confirmation of your certification will be sent to this address.)** **Home Phone** (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATE THE TYPE OF BENEFITS THAT YOU WILL BE RECEIVING:**

\_\_\_\_\_\_\_\_Chapter 30 (Montgomery GI Bill)

\_\_\_\_\_\_\_\_Chapter 33 (Post 9/11 GI Bill)

\_\_\_\_\_\_\_\_Chapter 35 (Dependent of Service Connected Disabled or Deceased Vet)

\_\_\_\_\_\_\_\_Chapter 1606 (Reserve / National Guard)

\_\_\_\_\_\_\_\_Chapter 1607 (REAP) (Reserve / National Guard)

\_\_\_\_\_\_\_\_Chapter 31 VA Vocational Rehabilitation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Case Manager) Required

**Number of Credit Hours you wish to be certified for: RESIDENCE: \_\_\_\_\_DISTANCE LEARNING\_\_\_\_\_**

**Is this your final semester before graduation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read, understand, and will comply with all policies and procedures as signified by my signature below.**

**Signature of Claimant: Date Signed:**

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**Benefit Utilization Memorandum of Understanding**

**Initial each line:**

\_\_\_\_\_\_\_ I understand that as an eligible recipient of VA educational benefits, **I must** complete this form **each semester** with the Veterans Services Office.

\_\_\_\_\_\_\_ In order to receive VA educational benefits, I must maintain Satisfactory Academic Progress.

\_\_\_\_\_\_\_ I understand the VA will not pay for withdrawals, non-required courses, or online developmental courses.

\_\_\_\_\_\_\_ I understand that late submission of this form may cause delays in receiving my benefits.

\_\_\_\_\_\_\_ If I receive CH 33 VA educational benefits I understand that any withdrawal from courses potentially holds me responsible for repaying the tuition and fees to the VA, unless otherwise indicated from the VA.

\_\_\_\_\_\_\_ If I receive CH 30 or CH 1606 VA educational benefits I understand that I must verify my enrollment on the last day of each month (or thereafter) to receive payment of the educational benefit.

\_\_\_\_\_\_\_ I understand that I must be enrolled at least ½ time to receive the Monthly Housing Allowance.

\_\_\_\_\_\_\_ 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.

**Conditions and responsibilities: The VA expects veterans (and dependents) to pursue an educational objective, regularly attend classes, and make satisfactory progress.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**