



Request for Certification for VA Educational Benefits

Name _____ SSN _____

Address _____ VA File # _____
(If different from SSN)

_____ Email Address _____
(Check will be mailed to this address.)

Telephone Number: Home _____ Mobile _____ Work _____

I am eligible for VA Educational Benefits under the following program: (Check One)

- _____ Chapter 30 New G.I. Bill – Active Duty Educational Assistance Program
- _____ Chapter 35 Survivors and Dependents
- _____ Chapter 31 Vocational Rehabilitation
- _____ Chapter 1606 New G.I. Bill-Selected Reserve Educational Assistance Program
- _____ Chapter 1607 Reserve Educational Assistance Program
- _____ Chapter 33 Post 9/11 Veterans Education Assistance Act of 2008

Advanced Payment

Unless you are receiving benefits under Chapter 31, you must be prepared to pay tuition, fee, book and supply expenses when due; however, you may request an advanced payment. To qualify for advanced payment, you must meet the following criteria:

1. Not be enrolled for at least a full calendar month (30 days) prior to the first day of class, and
2. Complete the admissions process at SCC, and
3. Complete an advanced payment application (22-1999) at least 45 days prior to the first day of class, and
4. Enroll at least half-time (minimum of 6 credit hours).

By requesting advanced payment, I understand that if the Department of Veterans Affairs processes my claim on time, the check will be mailed to SCC for disbursement and that I must complete the registration process, including fee payment, before receiving the advanced payment check. I understand that after I receive an advanced payment check, I will not receive another check until 2 months after I begin classes.

Signature for Advanced Payment _____ Date _____

I plan to enroll beginning (check one):
_____ Fall # of hours _____
_____ Spring # of hours _____
_____ Summer # of hours _____

Program of Study: _____ (Name of degree, diploma or certificate program)

****NOTE:** If you have attended another college, you must submit collegiate transcript(s) to SCC's admissions center for evaluation even if you do not wish to receive transfer credit.

I am requesting enrollment certification for VA Educational Benefits for each semester of attendance at Spartanburg Community College. I understand that my enrollment will be certified for each semester of attendance until I rescind this request in writing. I understand that if I am not enrolled for two consecutive semesters, I must reapply for certification. I declare that the above statements are true and that I will notify the SCC Veterans Affairs Office immediately of any change in my program of study or of any change in my enrollment status (including dropping of class(es) or withdrawal from the College).

Signature _____ Date _____