



Request for VA Educational Benefits

Name: _____ SSN/VA File Number _____

Chapter: _____ Student SCC ID: _____

Please certify me for the semester that is checked below. If I drop or add classes, during this semester, I need to inform the VA Office at SCC. I understand that if I drop and have extenuating circumstances, I **must** notify the VA office at SCC at time of drop. If I do not officially withdraw but stop attending classes during the semester then my last date of attendance will be submitted to VA. I understand that if I do not complete my course, I could owe monies back to VA.

I will also inform the VA Office of any address or phone number changes.

Only check one semester. This will need to be signed every semester.

_____ Fall 2024

_____ Spring 2025

_____ Summer 2025

IT IS MY RESPONSIBILITY TO COME BY THE VA OFFICE EVERY SEMESTER AND SIGN THE REQUEST TO CERTIFY. I UNDERSTAND THAT IF I DO NOT SIGN MY BAH WILL BE LATE. FOR CH 33 TUITION MONIES AND BOOK ALLOWANCE WILL ALSO BE LATE

Signature

Date

Kathy Payne
VA Coordinator
592-4807

Ladda Koulavongsa
VA Counselor
592-4446

___1. Tell VA Counselor if you drop or change programs.

___2. I know if I walk away and stop attending classes, I will be dropped as of the last date of actual attendance (could owe the school tuition monies, Chapter 33 and VA BAH monies)

___3. I understand (if Chapter 33) that my tuition will not be reported till after 100% drop/add period for each enrollment period. The money will not be seen on students' account till we actually receive money from VA.